Healthy People 2010

North Dakota Progress Report

2005

NORTH DAKOTA
DEPARTMENT *of* HEALTH

John Hoeven
Governor of North Dakota

Dr. Terry Dwelle
State Health Officer

NORTH DAKOTA
DEPARTMENT *of* **HEALTH**

Table of Contents

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The North Dakota Healthy People 2010 Committee

This committee was formed in 2001 to coordinate HP2010 data collection and tracking for the state of North Dakota.

Members of the committee have represented many programs and divisions within the North Dakota Department of Health.

Following is a list of the committee members who have committed their efforts to this process over the past four years:

Kathy Moum	Division of Chronic Disease
Susan Mormann	Division of Chronic Disease
Ann Lunde	Division of Cancer Prevention and Control
Marlys Knell	Division of Cancer Prevention and Control
Tracy Miller	Division of Disease Control
Erin Fox	Division of Disease Control
Deb Arnold	Division of Family Health
Colleen Pearce	Division of Nutrition and Physical Activity
Dawn Mayer	Division of Injury Prevention and Control
Clint Boots	Division of Tobacco Prevention and Control
Terry Bohn	Children's Special Health Services
Melissa Olson	Healthy North Dakota

Introduction

Healthy People is an initiative of the U.S. Department of Health and Human Services. This initiative incorporates several national health objectives. Data are the foundation of Healthy People objectives.

Healthy People presents a comprehensive, nationwide health promotion and disease prevention agenda. It is designed to serve as a roadmap for improving the health of all people in the United States.

Healthy People is committed to a single, overarching purpose: promoting health and preventing illness, disability and premature death.

Healthy People Goals

Achieving a Longer and Healthier Life — The Healthy People Perspective

Healthy People seeks to increase life expectancy and quality of life by helping individuals gain the knowledge, motivation and opportunities they need to make informed decisions about their health. At the same time, Healthy People encourages local and state leaders to develop communitywide and statewide efforts that promote healthy behaviors, create healthy environments and increase access to high-quality health care. Because individual and community health are virtually inseparable, both the individual and the community need to do their parts to increase life expectancy and improve quality of life.

Achieving Equity — The Healthy People Perspective

Although the diversity of the American population may be one of the nation's greatest assets, it also represents a range of health improvement challenges — challenges that must be addressed by individuals, the community and state in which they live, and the nation as a whole.

Healthy People recognizes that communities, states and national organizations will need to take a multidisciplinary approach to achieving health equity — an approach that involves improving health, education, housing, labor, justice, transportation, agriculture and the environment, as well as data collection itself. In fact, current data collection methods make it impossible to assess accurately the health status for some populations, particularly relatively small ones. However, the greatest opportunities for reducing health disparities are in empowering individuals to make informed health-care decisions and in promoting communitywide safety, education and access to health care.

Healthy People is firmly dedicated to the principle that — regardless of age, gender, race or ethnicity, income, education, geographic location, disability and sexual orientation — every person in every community across the nation deserves equal access to comprehensive, culturally competent, community-based health-care systems that are committed to serving the needs of the individual and promoting community health.

Healthy People 2010 goals are comprised of 467 objectives organized in 28 focus areas.

This report summarizes 126 Healthy People 2010 objectives in 16 focus areas for the state of North Dakota and serves as an update of where the state stands on these measures of health, as well as targets for the future.

Many Healthy People 2010 objectives are not included in this report due to lack of state level data. In some cases, objectives were not included due to prioritization by the Healthy People 2010 Committee.

Portions of this introduction were excerpted from:

Healthy People 2010: Understanding and Improving Health, published November 2000 by the U.S. Department of Health and Human Services

For more information about Healthy People 2010, visit the website at www.healthypeople.gov

Focus Area 3: Cancer

Goal

Reduce the number of new cancer cases as well as the illness, disability and death caused by cancer.

Overview

Cancer is the second leading cause of death in the United States. During 2000, an estimated 1,220,100 people in the United States were expected to be diagnosed with cancer; 552,200 people were expected to die from cancer. These estimates did not include most skin cancers, and new cases of skin cancer are estimated to exceed 1 million per year. One-half of new cases of cancer occur in people age 65 and older.

About 491,400 people who get cancer in a given year, or four in 10 patients, are expected to be alive five years after diagnosis. When adjusted for normal life expectancy (accounting for factors such as dying of heart disease, injuries and diseases of old age), a relative five-year survival rate of 60 percent is seen for all cancers. This rate means that the chance of a person recently diagnosed with cancer being alive in five years is 60 percent of the chance of someone not diagnosed with cancer. Five-year relative survival rates commonly are used to monitor progress in the early detection and treatment of cancer and include people who are living five years after diagnosis, whether in remission, disease free or under treatment.

Every day, eight people are diagnosed with cancer in North Dakota, and about four people die. Cancer is the second leading cause of death in the state after heart disease.

Objectives

3-1: Overall cancer deaths

3-2: Lung cancer deaths

3-3: Breast cancer deaths

3-4: Cervical cancer deaths

3-5: Colorectal cancer deaths

3-6: Oropharyngeal cancer deaths

3-7: Prostate cancer deaths

3-8: Melanoma deaths

3-11a: Pap tests – Ever received

3-11b: Pap tests – Received within the preceding three years

3-12a: Colorectal cancer screening – Fecal occult blood test

3-12b: Colorectal cancer screening – Sigmoidoscopy

3-13: Mammograms

3-1: Overall Cancer Deaths, age-adjusted rate per 100,000 population

HP2010 Target:
Reduce the rate of death from cancer to no more than 159.9 deaths per 100,000 population.
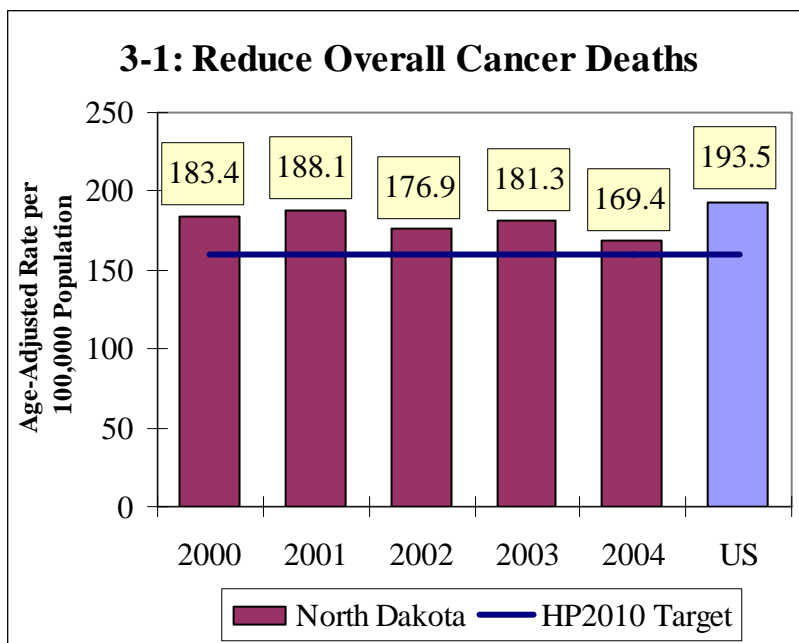
Numerator:
Number of deaths due to cancer

Denominator:
Number of people in the population

North Dakota Data Source:
North Dakota Department of Health Division of Vital Records

3-1: Reduce Overall Cancer Deaths

Age-Adjusted Rate per 100,000 Population

Year	Value
2000	183.4
2001	188.1
2002	176.9
2003	181.3
2004	169.4
US	193.5

Legend: North Dakota — HP2010 Target

3-2: Lung Cancer Deaths, age-adjusted rate per 100,000 population

HP2010 Target:
Reduce the rate of death from lung cancer to no more than 44.9 deaths per 100,000 population.

Numerator:
Number of deaths due to lung cancer.

Denominator:
Number of people in the population

North Dakota Data Source:
North Dakota Department of Health Division of Vital Records

3-2: Reduce Lung Cancer Deaths

Age-Adjusted Rate per 100,000 Population

Year	Value
2000	44.5
2001	46.7
2002	41.9
2003	44.2
2004	44.2
US	54.9

Legend: North Dakota — HP2010 Target

3-3: Reduce Breast Cancer Deaths

Age-Adjusted Rate per 100,000 Female Population

Year	Value
2000	25.4
2001	24.3
2002	25.2
2003	23.7
2004	22.7
US	25.6

Legend: North Dakota, HP2010 Target

3-3: Breast Cancer Deaths, age-adjusted rate per 100,000 female population

HP2010 Target:
Reduce the rate of death from breast cancer to no more than 22.3 deaths per 100,000 women.

Numerator:
Number of female deaths due to breast cancer

Denominator:
Number of females in the population

North Dakota Data Source:
North Dakota Department of Health Division of Vital Records

3-4: Reduce Cervical Cancer Deaths

Age-Adjusted Rate per 100,000 Female Population

Year	Value
2000	2.3
2001	2.1
2002	1.4
2003	1.4
2004	1.2
US	2.6

Legend: North Dakota, HP2010 Target

3-4: Cervical Cancer Deaths, age-adjusted rate per 100,000 female population

HP2010 Target:
Reduce the rate of death from cervical cancer to no more than 2.0 deaths per 100,000 women.

Numerator:
Number of female deaths due to cancer of the uterine cervix

Denominator:
Number of females in the population

North Dakota Data Source:
North Dakota Department of Health Division of Vital Records

3-5: Colorectal Cancer Deaths, age-adjusted rate per 100,000 population

HP2010 Target:
Reduce the rate of death from colorectal cancer to no more than 13.9 deaths per 100,000 population.
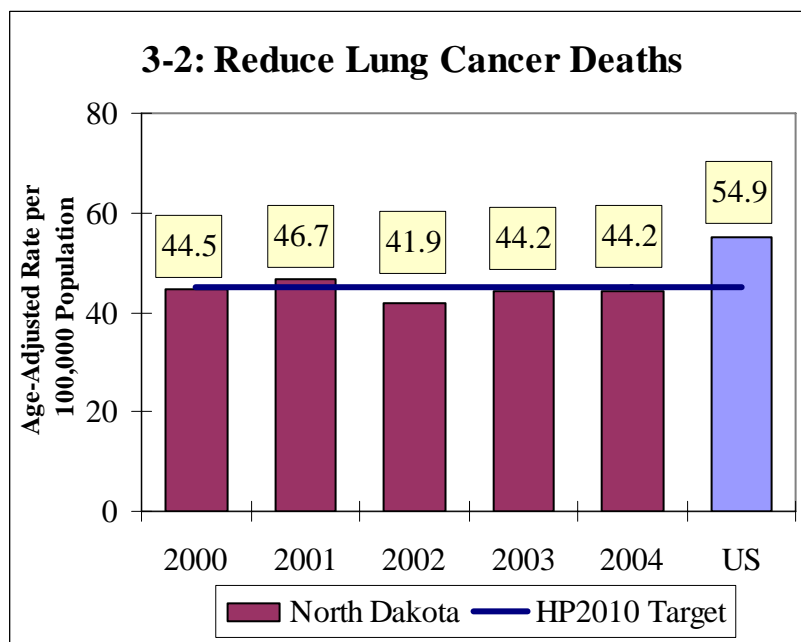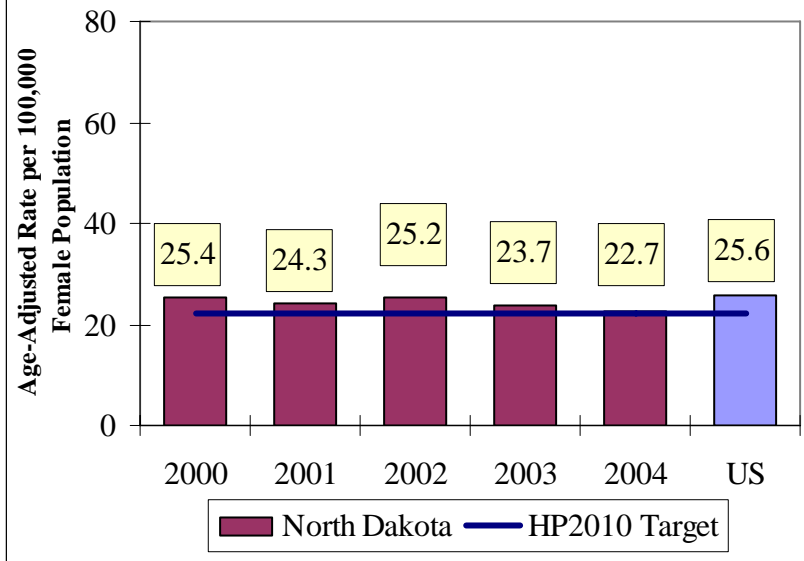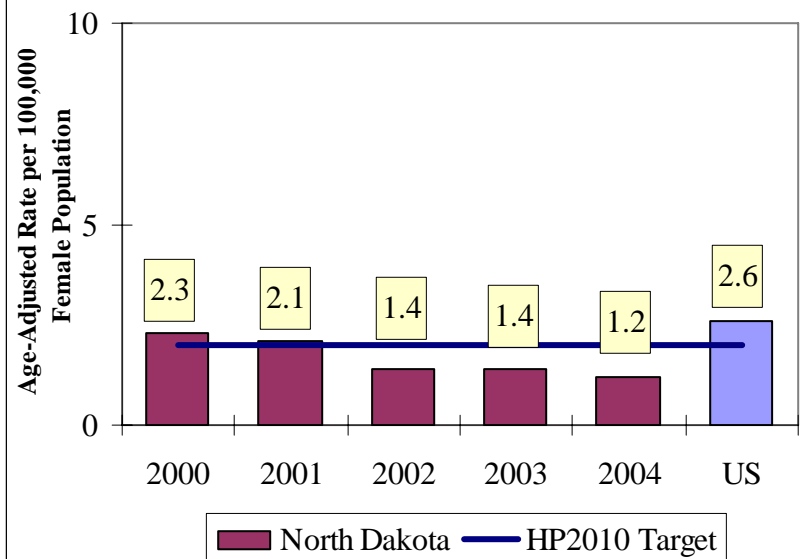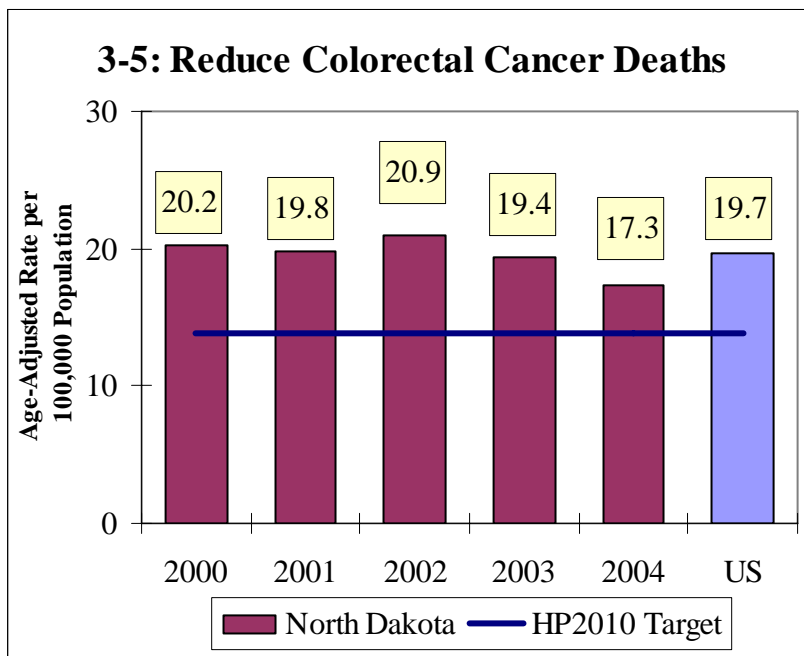
Numerator:
Number of deaths due to colorectal cancer

Denominator:
Number of people in the population

North Dakota Data Source:
North Dakota Department of Health Division of Vital Records

3-5: Reduce Colorectal Cancer Deaths

Year	Age-Adjusted Rate per 100,000 Population
2000	20.2
2001	19.8
2002	20.9
2003	19.4
2004	17.3
US	19.7

Legend: North Dakota — HP2010 Target

3-6: Oropharyngeal Cancer Deaths, age-adjusted rate per 100,000 population

HP2010 Target:
Reduce the rate of death from oropharyngeal cancer to no more than 2.7 deaths per 100,000 population.

Numerator:
Number of deaths due to oropharyngeal cancer

Denominator:
Number of people in the population

North Dakota Data Source:
North Dakota Department of Health Division of Vital Records

3-6: Reduce Oropharyngeal Cancer Deaths

Year	Age-Adjusted Rate per 100,000 Population
2000	2.9
2001	3.1
2002	4.4
2003	2.4
2004	2.2
US	2.7

Legend: North Dakota — HP2010 Target

3-7: Reduce Prostate Cancer Deaths

Age-Adjusted Rate per 100,000 Male Population

Year	North Dakota	HP2010 Target
2000	31.9	
2001	28.7	
2002	28.2	
2003	30.8	
2004	27.1	
US	27.9	

Legend: North Dakota — HP2010 Target

3-7: Prostate Cancer Deaths, age-adjusted rate per 100,000 male population

HP2010 Target:
Reduce the rate of death from prostate cancer to no more than 28.8 deaths per 100,000 men.

Numerator:
Number of male deaths due to prostate cancer

Denominator:
Number of males in the population

North Dakota Data Source:
North Dakota Department of Health Division of Vital Records

3-8: Reduce Melanoma Deaths

Age-Adjusted Rate per 100,000 Population

Year	North Dakota	HP2010 Target
2000	1.5	
2001	1.9	
2002	1.7	
2003	1.2	
2004	2.5	
US	2.6	

Legend: North Dakota — HP2010 Target

3-8: Melanoma Cancer Deaths, age-adjusted rate per 100,000 population

HP2010 Target:
Reduce the rate of death from melanoma cancer to no more than 2.5 deaths per 100,000 population.
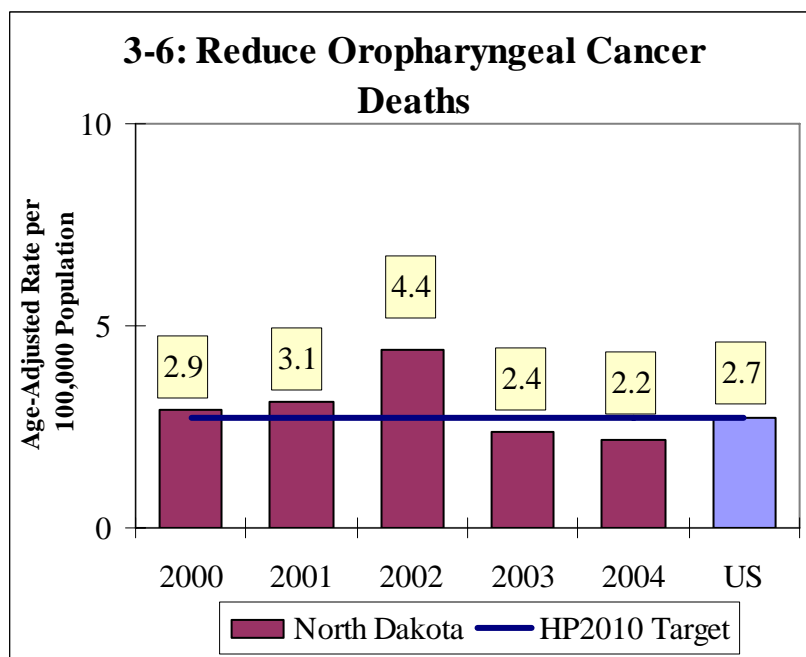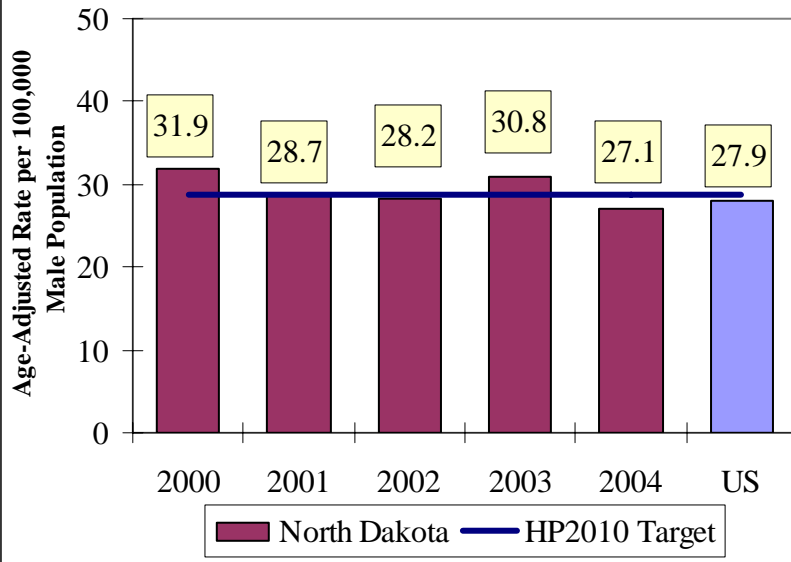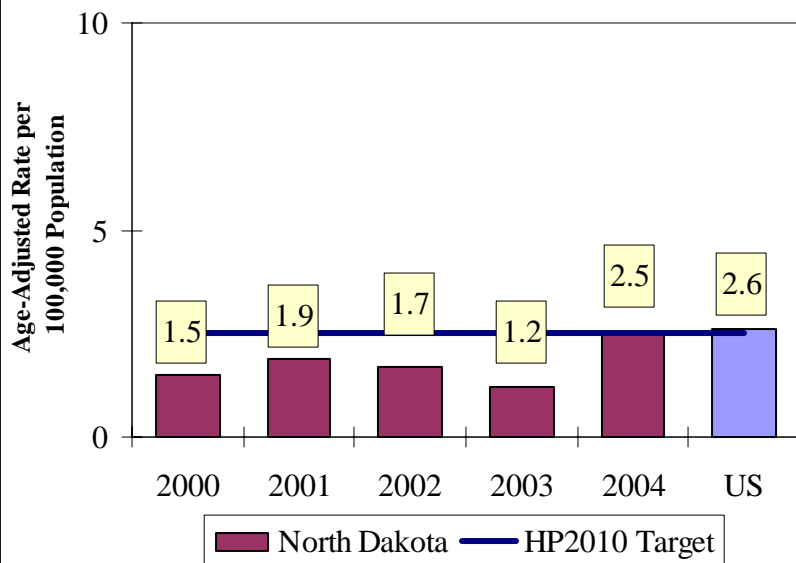
Numerator:
Number of deaths due to melanoma cancer

Denominator:
Number of people in the population

North Dakota Data Source:
North Dakota Department of Health Division of Vital Records

3-11a: Pap Tests – Ever Received

HP2010 Target:
Increase the proportion of women who have ever received a Pap test to 97 percent.

Numerator:
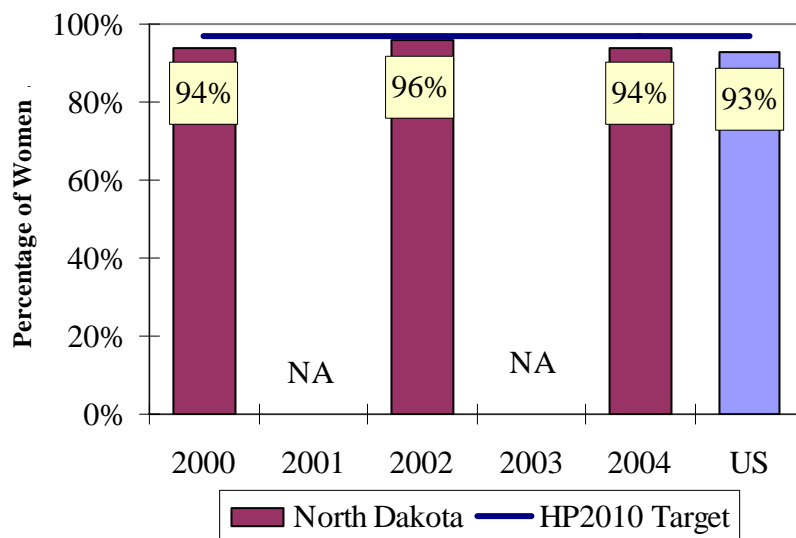Number of women age 18 and older who report ever receiving a Pap test

Denominator:
Number of women age 18 and older

North Dakota Data Source:
Behavioral Risk Factor Surveillance System

3-11a: Increase Pap Tests Ever Received

Percentage of Women

- 2000: 94%
- 2001: NA
- 2002: 96%
- 2003: NA
- 2004: 94%
- US: 93%

Legend: North Dakota | HP2010 Target

3-11b: Pap tests – Received Within the Preceding Three Years

HP2010 Target:
Increase the proportion of women who have received a Pap test within the preceding three years to 90 percent.

Numerator:
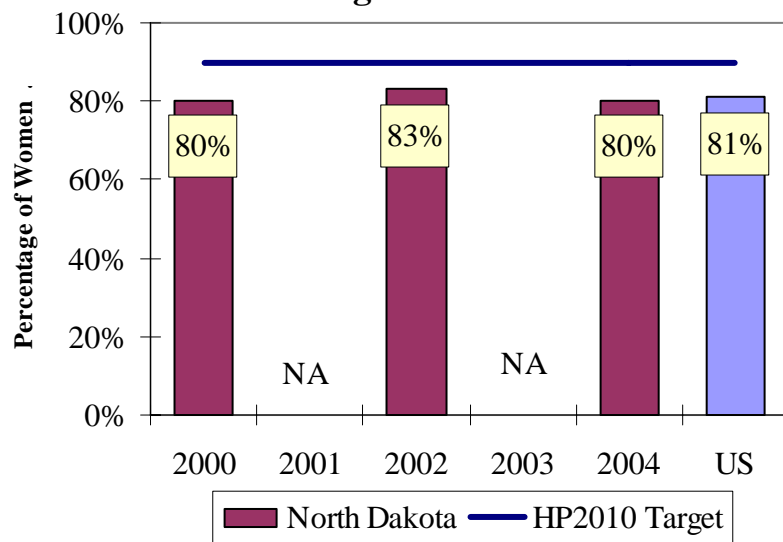Number of women age 18 and older who report receiving a Pap test within the past three years
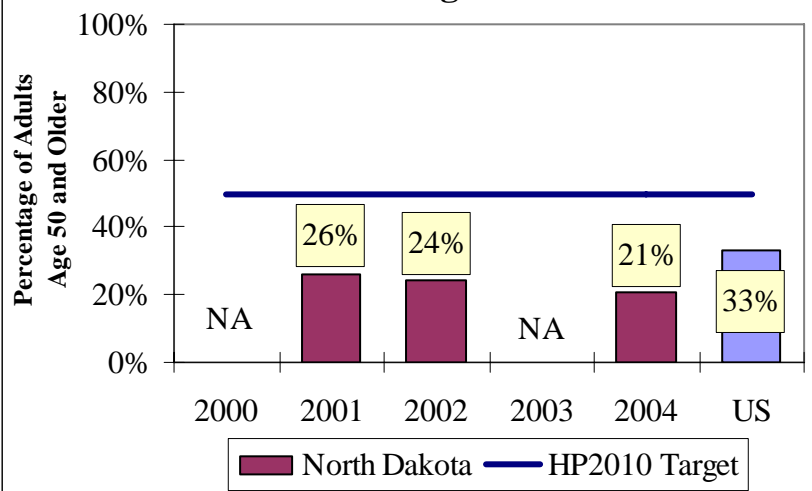
Denominator:
Number of women age 18 and older

North Dakota Data Source:
Behavioral Risk Factor Surveillance System

3-11b: Increase Pap Tests Received in Preceding Three Years

Percentage of Women

- 2000: 80%
- 2001: NA
- 2002: 83%
- 2003: NA
- 2004: 80%
- US: 81%

Legend: North Dakota | HP2010 Target

3-12a: Increase Colorectal Cancer Screening – Fecal Occult Blood Test Within Preceding Two Years

Chart showing "Percentage of Adults Age 50 and Older" (y-axis, 0% to 100%) by year (x-axis). North Dakota: 2000 NA, 2001 26%, 2002 24%, 2003 NA, 2004 21%, US 33%. HP2010 Target line at 50%.

Legend: North Dakota, HP2010 Target

3-12b: Increase Colorectal Cancer Screening – Sigmoidoscopy Ever Received

Chart showing "Percentage of Adults Age 50 and Older" (y-axis, 0% to 100%) by year (x-axis). North Dakota: 2000 NA, 2001 51%, 2002 50%, 2003 NA, 2004 54%, US 39%. HP2010 Target line at 50%.

Legend: North Dakota, HP2010 Target

3-12a: Colorectal Cancer Screening – Fecal Occult Blood Test

HP2010 Target:
Increase the proportion of adults age 50 and older who have received a fecal occult blood test (FOBT) within the preceding two years to 50 percent.

Numerator:
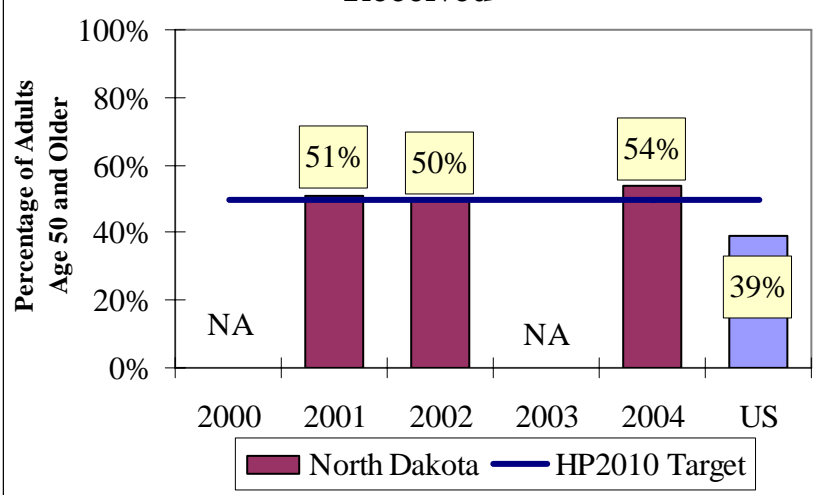Number of adults age 50 and older who report receiving a FOBT within the preceding two years

Denominator:
Number of adults age 50 and older

North Dakota Data Source:
Behavioral Risk Factor Surveillance System

3-12b: Colorectal Cancer Screening – Sigmoidoscopy

HP2010 Target:
Increase the proportion of adults age 50 and older who have ever received a sigmoidoscopy to 50 percent.

Numerator:
Number of adults age 50 and older who report ever receiving a sigmoidoscopy

Denominator:
Number of adults age 50 and older

North Dakota Data Source:
Behavioral Risk Factor Surveillance System

3-13: Mammograms

HP2010 Target:
Increase the proportion of women age 40 and older who have received a mammogram within the preceding two years to 70 percent.

Numerator:
Number of women age 40 and older who report receiving a mammogram within the past two years
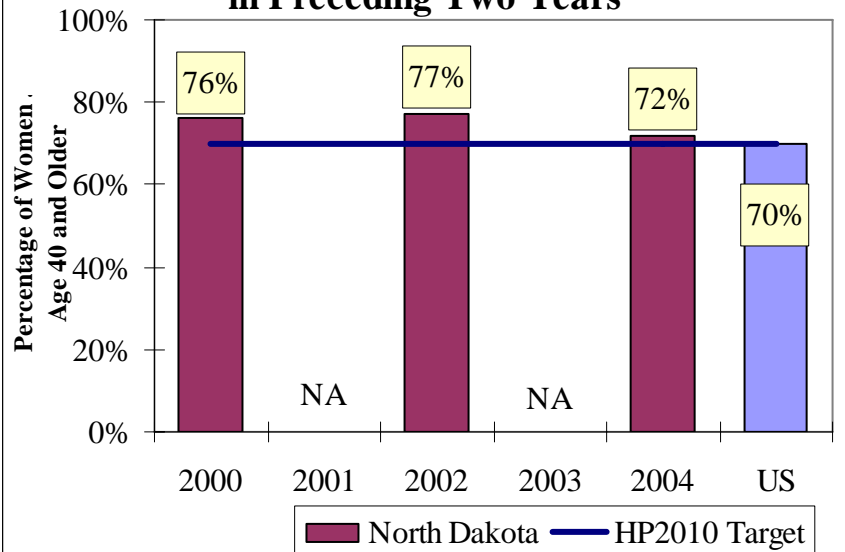
Denominator:
Number of women age 40 and older

North Dakota Data Source:
Behavioral Risk Factor Surveillance System

3-13: Increase Mammograms Received in Preceding Two Years

Chart showing Percentage of Women Age 40 and Older:
- 2000: North Dakota 76%
- 2001: NA
- 2002: North Dakota 77%
- 2003: NA
- 2004: North Dakota 72%
- US: 70%

HP2010 Target line at 70%.

Legend: North Dakota, HP2010 Target

Focus Area 5: Diabetes

Goal

Through prevention programs, reduce the disease and economic burden of diabetes, and improve the quality of life for all persons who have or are at risk for diabetes.

Overview

Diabetes poses a significant public health challenge for the United States. Some 800,000 new cases are diagnosed each year, or 2,200 per day. The changing demographic patterns in the United States are expected to increase the number of people who are at risk for diabetes and who eventually develop the disease.

Diabetes is a chronic disease that usually manifests itself as one of two major types: type 1, mainly occurring in children and adolescents age 18 and younger, in which the body does not produce insulin and thus insulin administration is required to sustain life; or type 2, occurring usually in adults older than 30, in which the body's tissues become unable to use its own limited amount of insulin effectively. While all people with diabetes require self-management training, treatment for type 2 diabetes usually consists of a combination of physical activity, proper nutrition, oral tablets and insulin. Previously, type 1 diabetes has been referred to as juvenile or insulin-dependent diabetes and type 2 diabetes as adult-onset or noninsulin dependent diabetes.

In North Dakota in 2005, approximately 29,000 adults and 480 children (younger than 18) were living with diagnosed diabetes. Each year about 4,000 new cases are diagnosed.

Objectives

5-1: Diabetes education

5-2: New cases of diabetes

5-3: Overall cases of diagnosed diabetes

5-5: Diabetes deaths

5-6: Diabetes-related deaths

5-7: Cardiovascular disease deaths in people with diabetes

5-12: Annual glycosylated hemoglobin measurement

5-13: Annual dilated eye examinations

5-14: Annual foot examinations

5-17: Self-monitoring of blood glucose

5-1: Diabetes Education

HP2010 Target:
Increase the proportion of people with diabetes who receive formal diabetes education to 60 percent.

Numerator:
Number of adults who report that they have ever been diagnosed with diabetes and have taken a course or class in diabetes self-management
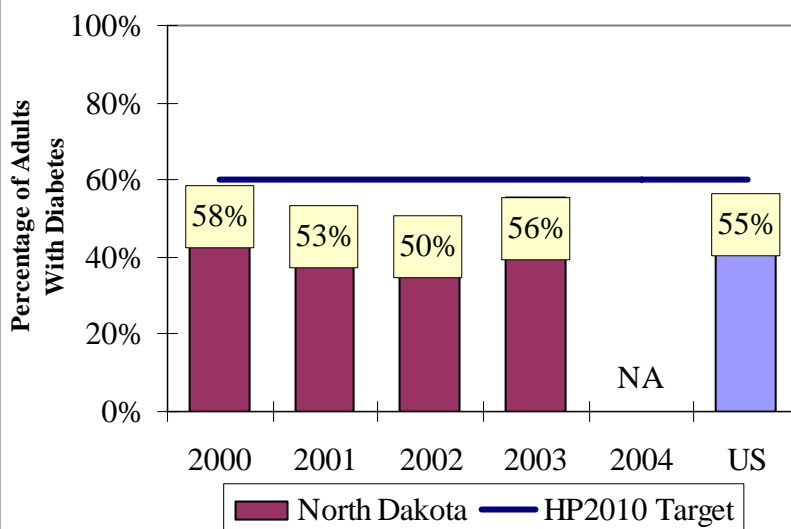
Denominator:
Number of adults who report that they have ever been diagnosed with diabetes

North Dakota Data Source:
Behavioral Risk Factor Surveillance System

5-1: Increase Diabetes Education

Percentage of Adults With Diabetes

Year	Value
2000	58%
2001	53%
2002	50%
2003	56%
2004	NA
US	55%

North Dakota — HP2010 Target

5-2: New Cases of Diabetes

HP2010 Target:
Reduce the rate of new cases of diabetes to 2.5 per 1,000 population per year.

Numerator:
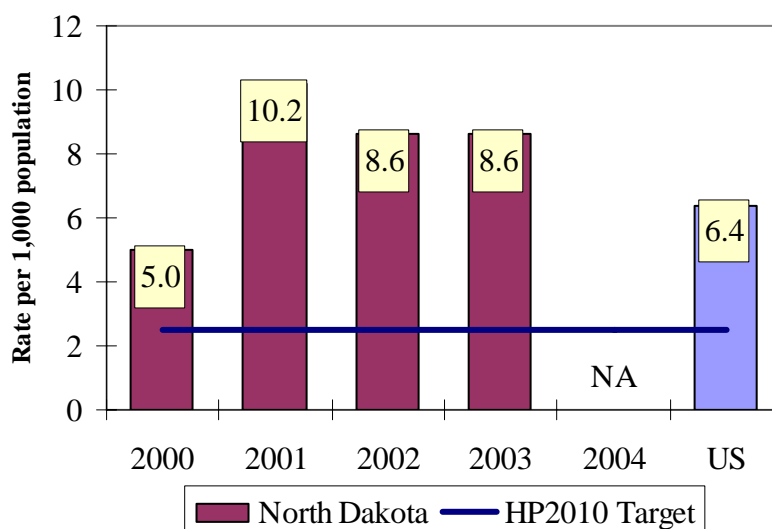Number of adults who report being diagnosed with diabetes in the past 12 months
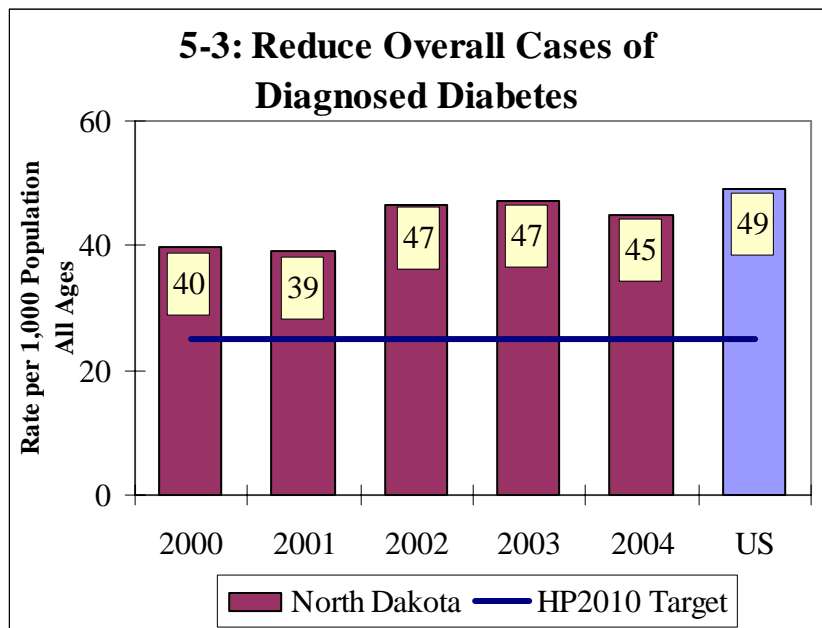
Denominator:
Number of adults

North Dakota Data Source:
Behavioral Risk Factor Surveillance System

5-2: Reduce New Cases of Diabetes

Rate per 1,000 population

Year	Value
2000	5.0
2001	10.2
2002	8.6
2003	8.6
2004	NA
US	6.4

North Dakota — HP2010 Target

5-3: Reduce Overall Cases of Diagnosed Diabetes

Rate per 1,000 Population All Ages

Year	North Dakota
2000	40
2001	39
2002	47
2003	47
2004	45
US	49

Legend: North Dakota — HP2010 Target

5-3: Overall Cases of Diagnosed Diabetes

HP2010 Target:
Reduce the overall rate of diabetes that is clinically diagnosed to 25 cases per 1,000 population.
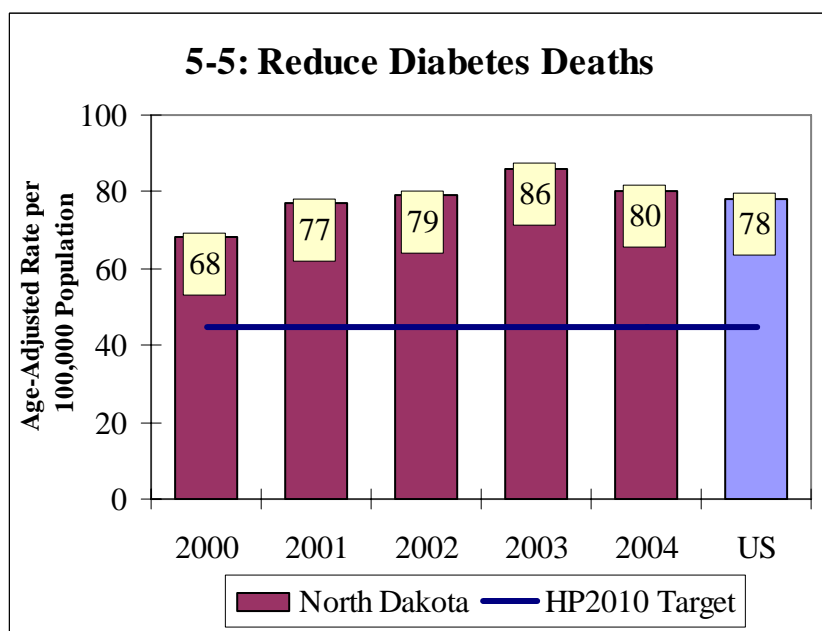
Numerator:
Number of people who report ever being diagnosed with diabetes

Denominator:
Number of people in the population

North Dakota Data Source:
Behavioral Risk Factor Surveillance System and Blue Cross Blue Shield of North Dakota

5-5: Reduce Diabetes Deaths

Age-Adjusted Rate per 100,000 Population

Year	North Dakota
2000	68
2001	77
2002	79
2003	86
2004	80
US	78

Legend: North Dakota — HP2010 Target

5-5: Diabetes Deaths, age-adjusted rate per 100,000 population

HP2010 Target:
Reduce the rate of death from diabetes to no more than 45 deaths per 100,000 population.

Numerator:
Number of deaths due to diabetes reported as the underlying or multiple cause of death

Denominator:
Number of people in the population

North Dakota Data Source:
North Dakota Department of Health Division of Vital Records

5-6: Diabetes-Related Deaths, age-adjusted rate per 1,000 population

HP2010 Target:
Reduce the rate of death where diabetes is listed anywhere on the death certificate to no more than 7.8 deaths per 1,000 adults with diabetes.
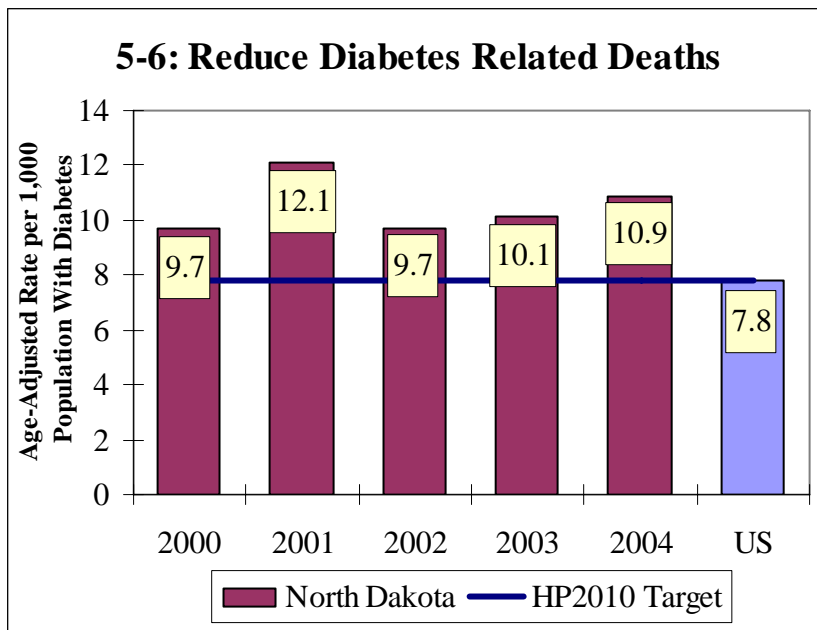
Numerator:
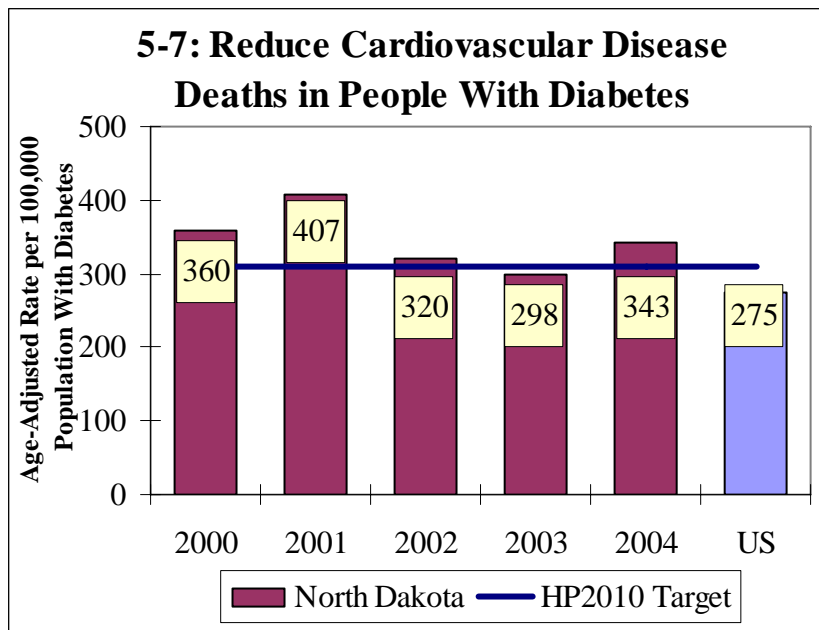Number of adult deaths due to diabetes reported as the underlying or multiple cause of death

Denominator:
Number of adults who report that they have ever been diagnosed with diabetes

North Dakota Data Source:
North Dakota Department of Health Division of Vital Records and Behavioral Risk Factor Surveillance System

5-6: Reduce Diabetes Related Deaths

Year	North Dakota
2000	9.7
2001	12.1
2002	9.7
2003	10.1
2004	10.9
US	7.8

HP2010 Target: 7.8

5-7: Reduce Cardiovascular Disease Deaths in People With Diabetes

Age-Adjusted Rate per 100,000 Population With Diabetes

Year	Value
2000	360
2001	407
2002	320
2003	298
2004	343
US	275

Legend: ■ North Dakota ── HP2010 Target

5-7: Cardiovascular Disease (CVD) Deaths in People With Diabetes, age-adjusted rate per 100,000 population

HP2010 Target:
Reduce the rate of death from CVD to no more than 309 deaths per 100,000 adults with diabetes.

Numerator:
Number of adult deaths due to CVD as an underlying cause among people who had diabetes listed as a multiple cause of death

Denominator:
Number of adults who report that they have ever been diagnosed with diabetes

North Dakota Data Source:
North Dakota Department of Health Division of Vital Records and Behavioral Risk Factor Surveillance System

5-12: Two Annual Glycosylated Hemoglobin Measurements

HP2010 Target:
Increase the proportion of adults with diabetes who have at least two glycosylated hemoglobin measurements during the year to 65 percent.
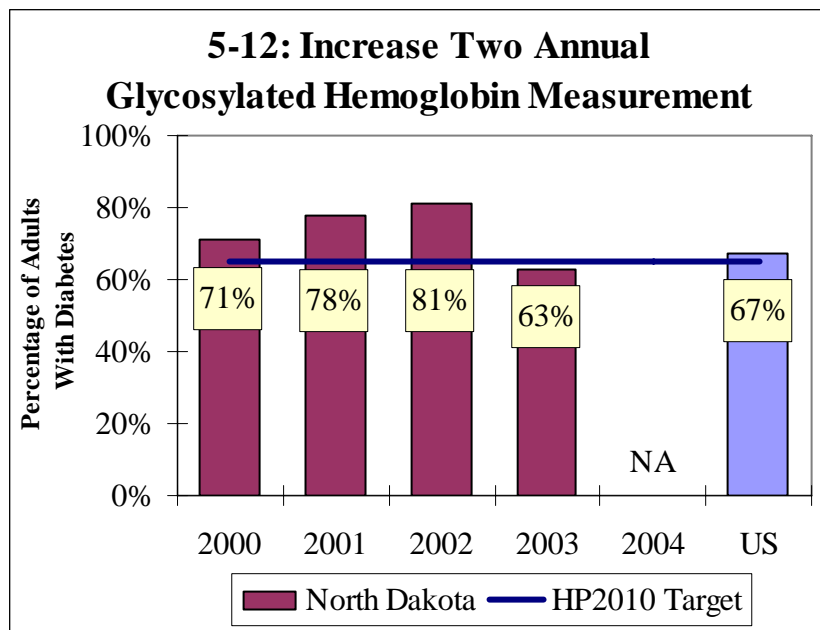
Numerator:
Number of adults who report they have ever been diagnosed with diabetes and that a doctor, nurse or other health professional has checked their glycosylated hemoglobin (HbA1c) one or more times in the past year
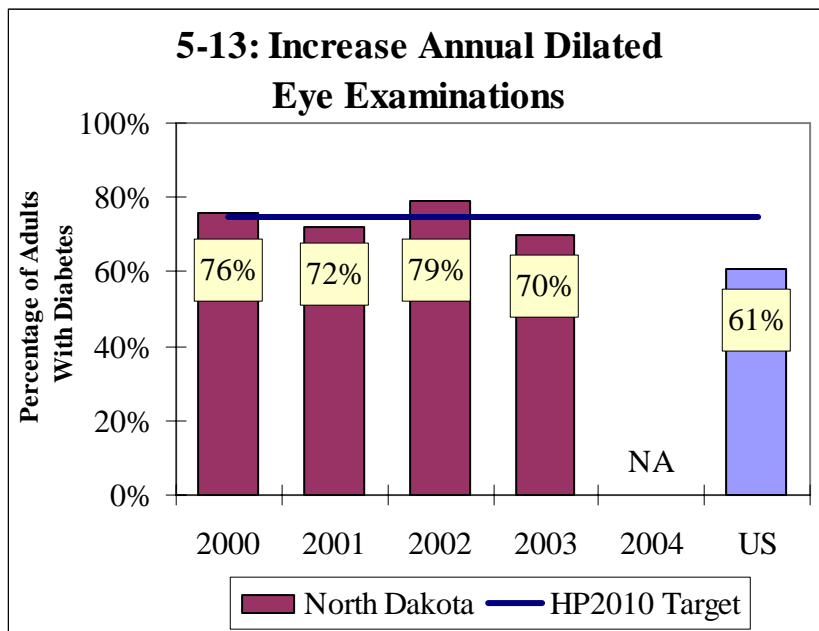
Denominator:
Number of adults who report they have ever been diagnosed with diabetes

North Dakota Data Source:
Behavioral Risk Factor Surveillance System

5-12: Increase Two Annual Glycosylated Hemoglobin Measurement

Chart: Percentage of Adults With Diabetes

- 2000: 71% (North Dakota)
- 2001: 78% (North Dakota)
- 2002: 81% (North Dakota)
- 2003: 63% (North Dakota)
- 2004: NA
- US: 67%

HP2010 Target line at approximately 65%

Legend: North Dakota — HP2010 Target

5-13: Increase Annual Dilated Eye Examinations

Percentage of Adults With Diabetes

Year	Value
2000	76%
2001	72%
2002	79%
2003	70%
2004	NA
US	61%

Legend: North Dakota ▬ HP2010 Target

5-13: Annual Dilated Eye Examinations

HP2010 Target:
Increase the proportion of adults with diabetes who have an annual dilated eye examination to 75 percent.

Numerator:
Number of adults who report they have ever been diagnosed with diabetes and report that they had a dilated eye examination in the past year

Denominator:
Number of adults who report they have ever been diagnosed with diabetes

North Dakota Data Source:
Behavioral Risk Factor Surveillance System

North Dakota Data Source:
North Dakota Department of Health Division of Vital Records

20

5-14: Annual Foot Examinations

HP2010 Target:
Increase the proportion of adults with diabetes who have at least an annual foot examination to 75 percent.
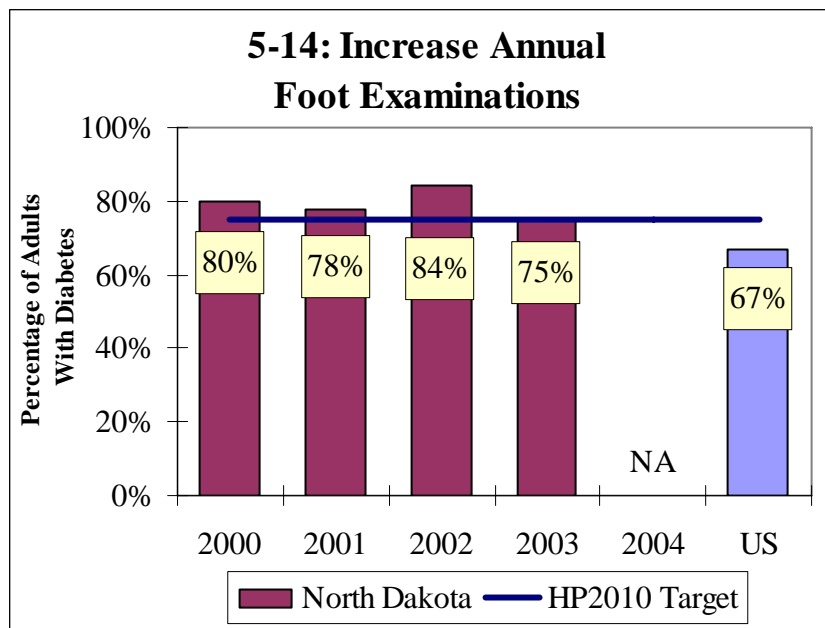
Numerator:
Number of adults with diabetes who report that they have seen a health professional for diabetes and have had their feet checked for any sores or irritations at least once in the past year
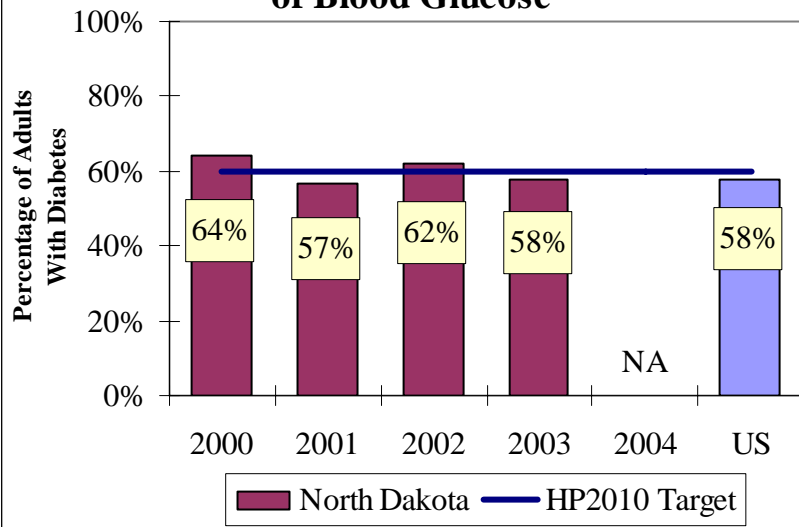
Denominator:
Number of adults who report they have ever been diagnosed with diabetes

North Dakota Data Source:
Behavioral Risk Factor Surveillance System

5-14: Increase Annual Foot Examinations

Chart showing percentage of adults with diabetes with annual foot examinations in North Dakota: 2000 = 80%, 2001 = 78%, 2002 = 84%, 2003 = 75%, 2004 = NA, US = 67%. HP2010 Target line at 75%.

5-17: Increase Daily Self – Monitoring of Blood Glucose

Percentage of Adults With Diabetes

- 2000: 64%
- 2001: 57%
- 2002: 62%
- 2003: 58%
- 2004: NA
- US: 58%

Legend: North Dakota | HP2010 Target

5-17: Self-Monitoring of Blood Glucose

HP2010 Target:
Increase the proportion of adults with diabetes who perform self-monitoring of blood glucose at least once daily to 60 percent.

Numerator:
Number of adults with diabetes who report that they check their blood for glucose or sugar by themselves or by a family member or friend at least once a day

Denominator:
Number of adults who report they have ever been diagnosed with diabetes

North Dakota Data Source:
Behavioral Risk Factor Surveillance System

Focus Area 9: Family Planning

Goal

Improve pregnancy planning and spacing and prevent unintended pregnancy.

Overview

The foremost recommendation of *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families* calls for the nation to adopt a social norm in which all pregnancies are intended — that is, clearly and consciously desired at the time of conception. Emphasizing personal choice and intent, this norm speaks to planning for pregnancy, as well as to avoiding unintended pregnancy.

Family planning remains a keystone in attaining a national goal aimed at achieving planned, wanted pregnancies and preventing unintended pregnancies. Family planning services provide opportunities for individuals to receive medical advice and assistance in controlling if and when they get pregnant and for health providers to offer health education and related medical care.

Reducing unintended pregnancies is possible and necessary. Unintended pregnancy in the United States is serious and costly and occurs frequently. Socially, the costs can be measured in unintended births, reduced educational attainment and employment opportunity, greater welfare dependency, and increased potential for child abuse and neglect. Economically, health-care costs are increased. An unintended pregnancy, once it occurs, is expensive, no matter the outcome. Medically, unintended pregnancies are serious in terms of the lost opportunity to prepare for an optimal pregnancy, the increased likelihood of infant and maternal illness, and the likelihood of abortion. The consequences of unintended pregnancy are not confined to those occurring in teenagers or unmarried couples. In fact, unintended pregnancy can carry serious consequences at all ages and life stages.

Objectives

9-1: Intended pregnancy

9-2: Birth spacing

9-7: Adolescent pregnancy

9-1: Intended Pregnancy

HP2010 Target:
Increase the proportion of pregnancies that are intended to 70 percent.
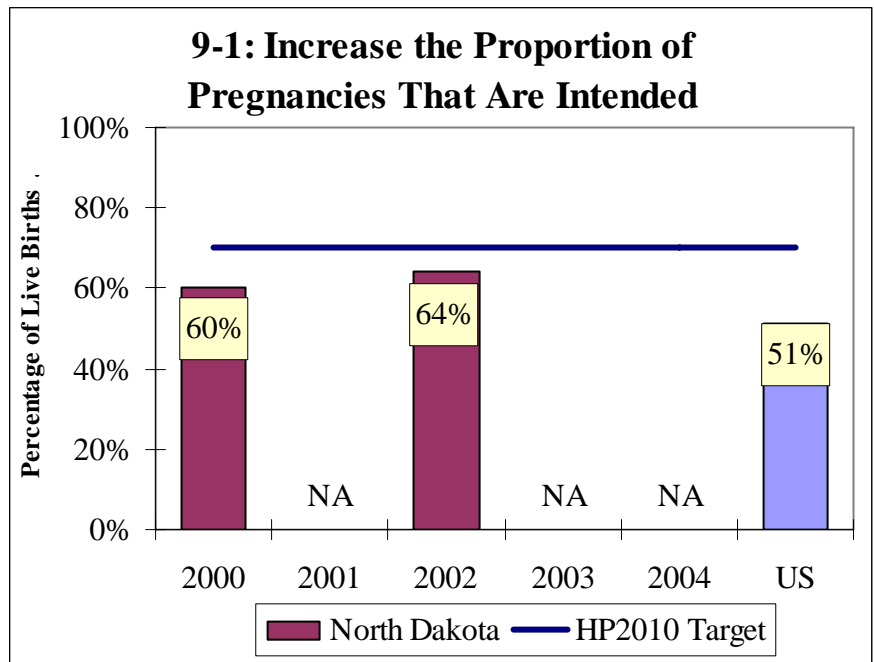
Numerator:
Number of intended births among females age 15 to 44

Denominator:
Number of live births among females age 15 to 44

North Dakota Data Source:
New Mothers Survey and Pregnancy Risk Assessment Monitoring System (PRAMS)

9-1: Increase the Proportion of Pregnancies That Are Intended

Percentage of Live Births

- 2000: 60%
- 2001: NA
- 2002: 64%
- 2003: NA
- 2004: NA
- US: 51%

Legend: North Dakota ■ — HP2010 Target

9-2: Birth Spacing

HP2010 Target:
Reduce the proportion of births occurring within 24 months of a previous birth to 6 percent.

Numerator:
Number of females age 15 to 44 whose most recent live birth occurred within 24 months of a previous live birth
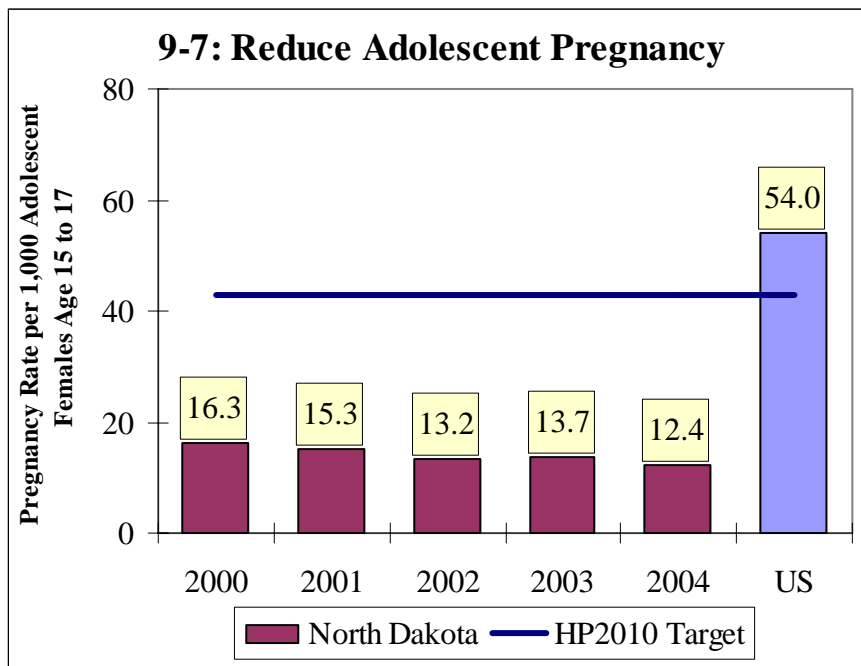
Denominator:
Number of females age 15 to 44 with at least one live birth

North Dakota Data Source:
North Dakota Department of Health Division of Vital Records

9-2: Reduce Births Within 24 Months of a Previous Birth

Percentage of Females Age 15 to 44 With a Live Birth and at Least One Previous Live Birth

- 2000: 23%
- 2001: 22%
- 2002: 23%
- 2003: 26%
- 2004: 29%
- US: 18%

Legend: North Dakota ■ — HP2010 Target

9-7: Reduce Adolescent Pregnancy

Pregnancy Rate per 1,000 Adolescent Females Age 15 to 17

Year	North Dakota
2000	16.3
2001	15.3
2002	13.2
2003	13.7
2004	12.4
US	54.0

Legend: North Dakota ▇ — HP2010 Target
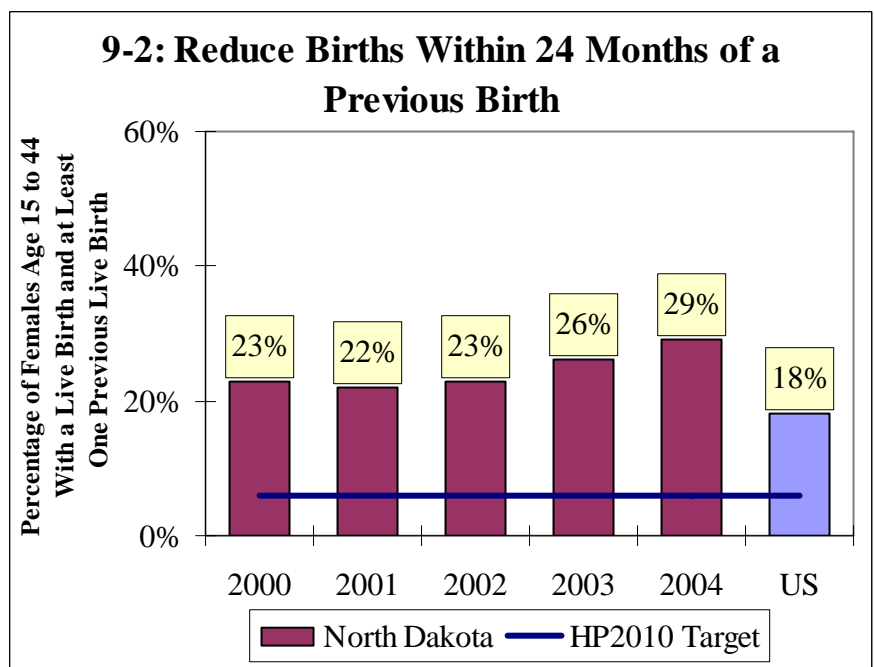
9-7: Adolescent Pregnancy

HP2010 Target:
Reduce pregnancies among adolescent females to no more than 43 per 1,000 adolescent female population.

Numerator:
Number of pregnancies among females age 15 to 17

Denominator:
Number of adolescent females age 15 to 17

North Dakota Data Source:
North Dakota Department of Health Division of Vital Records

Focus Area 10: Food Safety

Goal

Reduce foodborne illnesses.

Overview

Foodborne illnesses impose a burden on public health and contribute significantly to the cost of health care.

When unreported cases are taken into account, an estimated 76 million illnesses, 325,000 hospitalizations, and 5,000 deaths each year may be associated with microorganisms in food. Hospitalizations due to foodborne illnesses are estimated to cost more than $3 billion each year. The cost of lost productivity is estimated at between $20 billion and $40 billion each year. In addition to acute illness, some microorganisms can cause delayed or chronic illness. Foodborne chemical contaminants may cause chronic rather than acute problems, and specific estimates of their impact on health and the economy are not available.

The success of improvements in food production, processing, preparation and storage practices can be measured through the reduction in outbreaks of disease caused by foodborne pathogens. An outbreak occurs when two or more cases of a similar illness result from eating the same food. Smaller outbreaks — those with fewer cases — may be a direct result of improved food preparation practices and better epidemiologic follow-up once cases are identified.

Objectives

10-1a: Reduce infections caused by key foodborne pathogens –
Campylobacter species

10-1b: Reduce infections caused by key foodborne pathogens –
Escherichia coli O157:H7

10-1d: Reduce infections caused by key foodborne pathogens –
Salmonella species

10-1a: Infections Caused by Key Foodborne Pathogens – Campylobacter Species

HP2010 Target:
Reduce infections caused by key foodborne pathogens – Campylobacter species – to no more than 12.3 per 100,000 population.
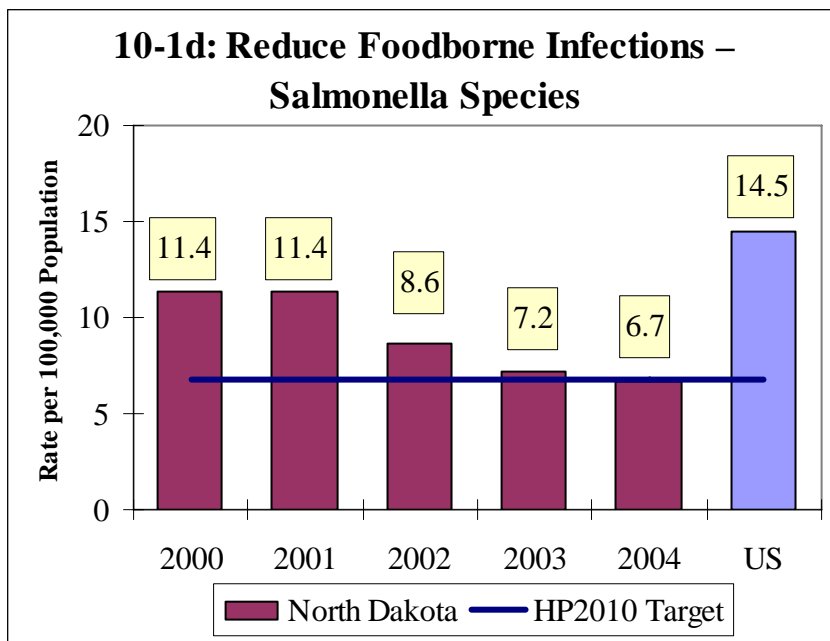
Numerator:
Number of culture-confirmed cases of illness caused by Campylobacter species reported to the Centers for Disease Control and Prevention (CDC)

Denominator:
Number of people in the population

North Dakota Data Source:
CDC National Electronic Telecommunications System for Surveillance (NETSS)

10-1a: Reduce Foodborne Infections – Campylobacter Species

Rate per 100,000 Population

Year	North Dakota
2000	16.5
2001	13.2
2002	12.9
2003	12.5
2004	16.4
US	13.3

Legend: North Dakota ■ — HP2010 Target
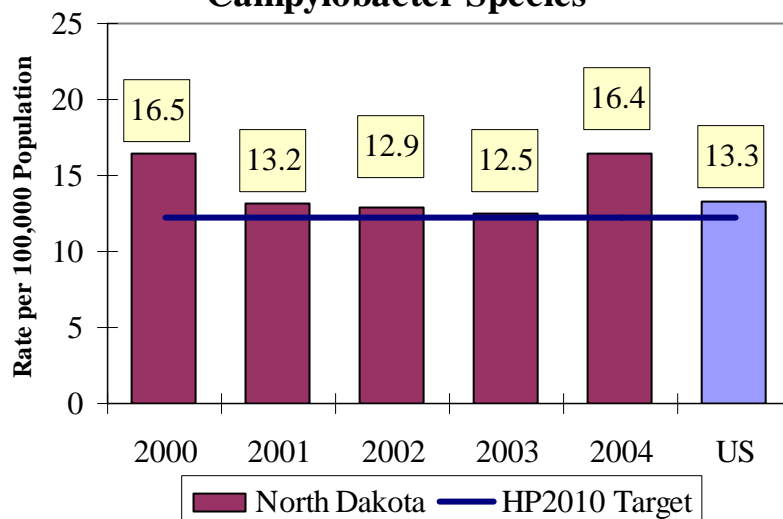
10-1b: Reduce Foodborne Infections – Escherichia Coli

Rate per 100,000 Population

Year	Value
2000	3.6
2001	4.2
2002	3.1
2003	2.2
2004	2.3
US	1.7

North Dakota ■ ── HP2010 Target
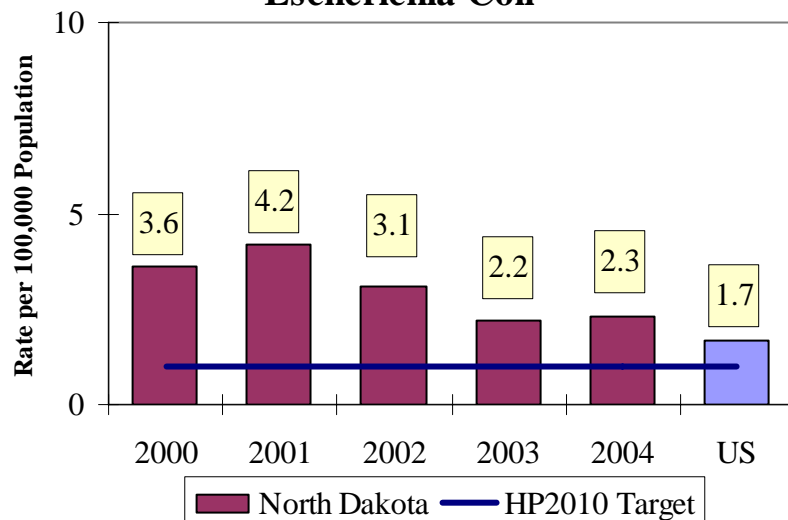
10-1b: Infections Caused by Key Foodborne Pathogens – Escherichia Coli O157:H7

HP2010 Target:
Reduce infections caused by key foodborne pathogens – Escherichia Coli O157:H7 – to no more than 1.0 per 100,000 population.

Numerator:
Number of culture-confirmed cases of illness caused by Escherichia Coli O157:H7 reported to the Centers for Disease Control and Prevention (CDC)

Denominator:
Number of people in the population

North Dakota Data Source:
CDC National Electronic Telecommunications System for Surveillance (NETSS)

10-1d: Infections Caused by Key Foodborne Pathogens – Salmonella Species

HP2010 Target:
Reduce infections caused by key foodborne pathogens – Salmonella species – to no more than 6.8 per 100,000 population.

Numerator:
Number of culture-confirmed cases of illness caused by Salmonella species reported to the Centers for Disease Control and Prevention (CDC)

Denominator:
Number of people in the population

North Dakota Data Source:
CDC National Electronic Telecommunications System for Surveillance (NETSS)

10-1d: Reduce Foodborne Infections – Salmonella Species

Rate per 100,000 Population

Year	Rate
2000	11.4
2001	11.4
2002	8.6
2003	7.2
2004	6.7
US	14.5

Legend: North Dakota, HP2010 Target

Focus Area 12: Heart Disease and Stroke

Goal

Improve cardiovascular health and quality of life through the prevention, detection and treatment of risk factors; early identification and treatment of heart attacks and strokes; and prevention of recurrent cardiovascular events.

Overview

Heart disease is the leading cause of death for all people in the United States. Stroke is the third leading cause of death. Heart disease and stroke continue to be major causes of disability and significant contributors to increases in health-care costs in the United States.

Epidemiologic and statistical studies have identified a number of controllable factors that increase the risk of heart disease and stroke, including high blood pressure, high cholesterol, physical inactivity, tobacco smoke and being overweight or obese. In addition, clinical trials and prevention research studies have demonstrated effective strategies to prevent and control these risk factors and thereby reduce illnesses, disabilities and deaths caused by heart disease and stroke.

In North Dakota, heart disease is the leading cause of death and stroke is the third leading cause of death. In 2003, 24 percent of adults had high blood pressure, and 33 percent of adults had high cholesterol.

Objectives

12-1: Coronary heart disease (CHD) deaths

12-7: Stroke deaths

12-9: High blood pressure

12-14: High blood cholesterol levels

12-15: Blood cholesterol screening

12-1: Coronary Heart Disease (CHD) Deaths, age-adjusted rate per 100,000 population

HP2010 Target:
Reduce CHD deaths to no more than 166 deaths per 100,000 population.
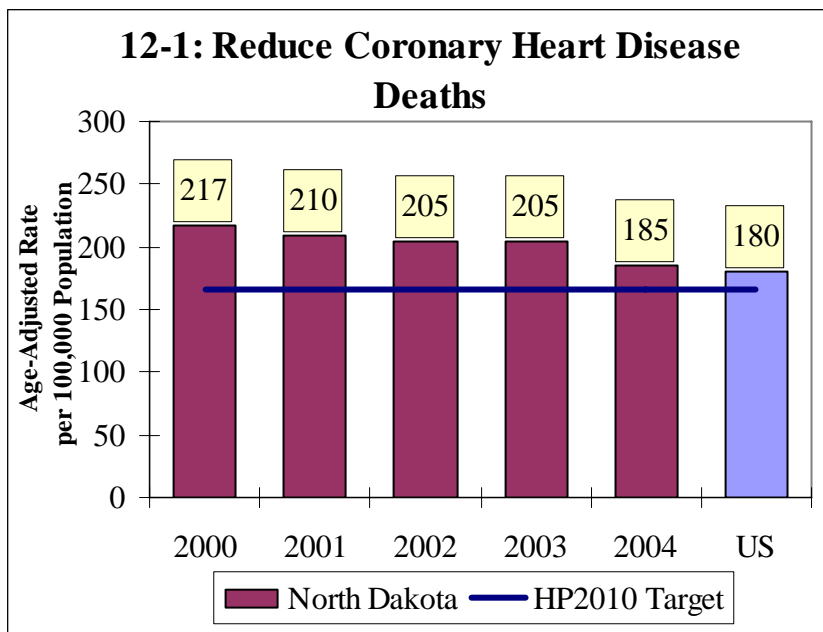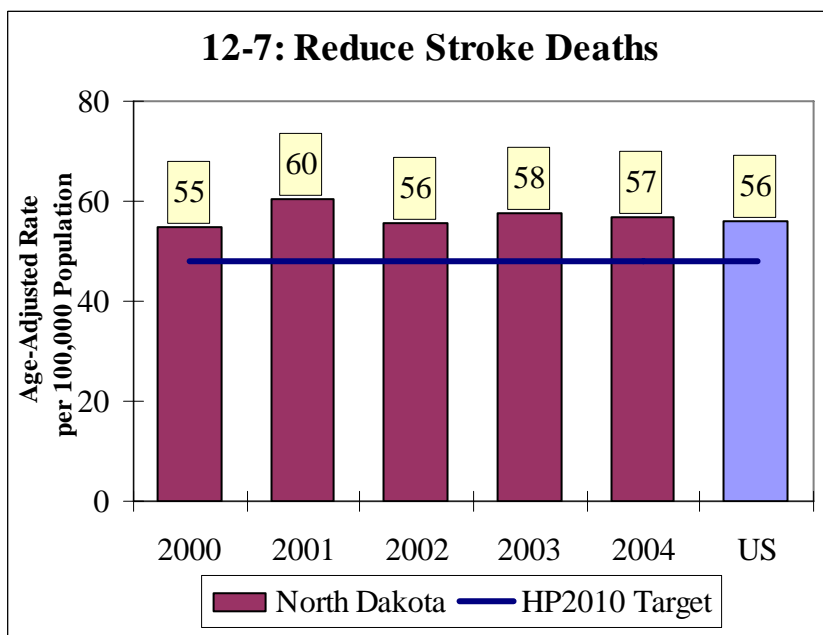
Numerator:
Number of CHD-related deaths

Denominator:
Number of people in the population

North Dakota Data Source:
North Dakota Department of Health Division of Vital Records

12-1: Reduce Coronary Heart Disease Deaths

Age-Adjusted Rate per 100,000 Population

Year	Rate
2000	217
2001	210
2002	205
2003	205
2004	185
US	180

North Dakota ■ HP2010 Target ▬

12-7: Stroke Deaths, age-adjusted rate per 100,000 population

HP2010 Target:
Reduce stroke deaths to no more than 48 deaths per 100,000 population.

Numerator:
Number of stroke deaths

Denominator:
Number of people in the population

North Dakota Data Source:
North Dakota Department of Health Division of Vital Records

12-7: Reduce Stroke Deaths

Age-Adjusted Rate per 100,000 Population

Year	Rate
2000	55
2001	60
2002	56
2003	58
2004	57
US	56

North Dakota ■ HP2010 Target ▬

12-9: Reduce High Blood Pressure
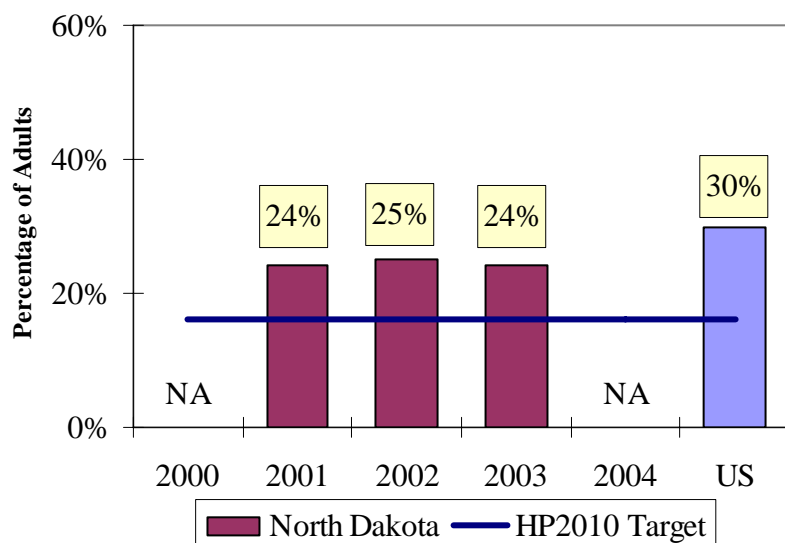
12-9: High Blood Pressure

HP2010 Target:
Reduce the proportion of adults with high blood pressure to no more than 16 percent.

Numerator:
Number of adults with high blood pressure

Denominator:
Number of adults in the population

North Dakota Data Source:
Behavioral Risk Factor Surveillance System

12-14: Reduce High Cholesterol
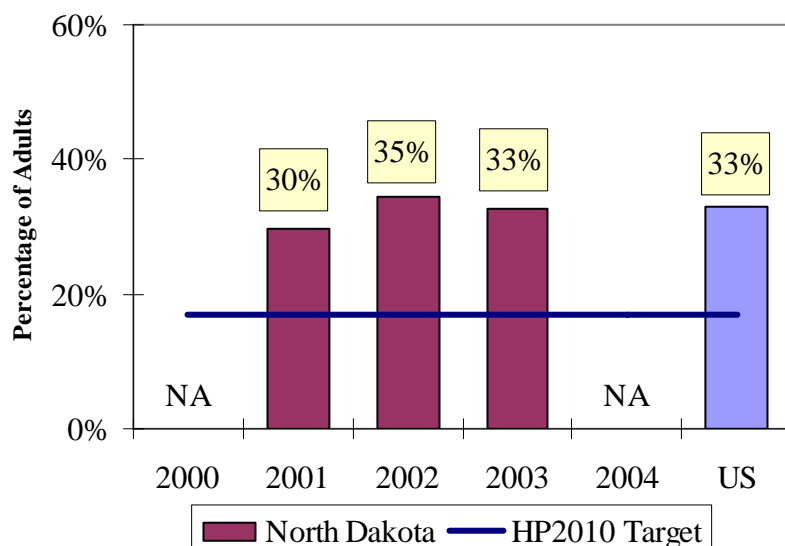
12-14: High Blood Cholesterol Levels

HP2010 Target:
Reduce the proportion of adults with high blood cholesterol to no more than 17 percent.

Numerator:
Number of adults with high blood cholesterol

Denominator:
Number of adults in the population

North Dakota Data Source:
Behavioral Risk Factor Surveillance System

12-15: Blood Cholesterol Screening

HP2010 Target:
Increase the proportion of adults who have had their blood cholesterol checked within the preceding five years to at least 80 percent.

Numerator:
Number of adults who have had their cholesterol checked within five years

Denominator:
Number of adults in the population

North Dakota Data Source:
Behavioral Risk Factor Surveillance System

12-15: Increase Screening for High Cholesterol

Chart: Percentage of Adults

Year	North Dakota
2000	NA
2001	71%
2002	69%
2003	70%
2004	NA
US	67%

HP2010 Target line at 80%

Legend: North Dakota — HP2010 Target
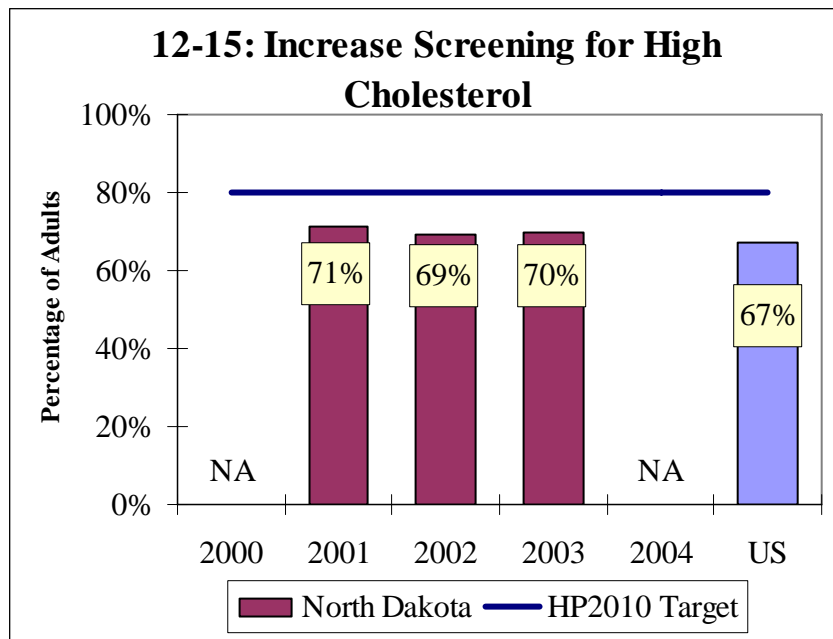
Focus Area 13: HIV

Goal

Prevent human immunodeficiency virus (HIV) infection and its related illness and death.

Overview

In 1981, a new infectious disease, AIDS, or acquired immunodeficiency syndrome, was identified in the United States. Several years later, the causative agent of AIDS — human immunodeficiency virus (HIV) — was discovered. This discovery coincided with the growing recognition of AIDS in the United States as part of a global infectious disease pandemic.

Currently, HIV/AIDS has been reported in virtually every racial and ethnic population, every age group and every socioeconomic group in every state and most large cities in the United States. Initially identified among men who have sex with men on the East coast and West coast, the AIDS epidemic is composed of diverse multiple subepidemics that vary by region and community. By the end of 1998, more than 680,000 cases of AIDS had been reported, and nearly 410,800 people had died from HIV or AIDS.

In North Dakota, the rate of new AIDS cases in 2003 was 0.8 per 100,000 population, and in 2004 the rate of HIV deaths was 0.5 per 100,000 population. Both of these rates are significantly lower than the rates for the United States.

Objectives

13-1: New AIDS cases

13-14: HIV-infection deaths

13-1: New AIDS Cases

HP2010 Target:
Reduce AIDS among adolescents and adults age 13 and older to no more than 1.0 per 100,000 population.

Numerator:
Number of reported AIDS cases among adolescents and adults age 13 and older

Denominator:
Number of adolescents and adults age 13 and older

North Dakota Data Source:
North Dakota HIV/AIDS Program

13-1: Reduce New AIDS Cases

Year	Rate per 100,000 Population
2000	0.6
2001	0.5
2002	0.2
2003	0.8
2004	NA
US	18.6

Legend: North Dakota — HP2010 Target
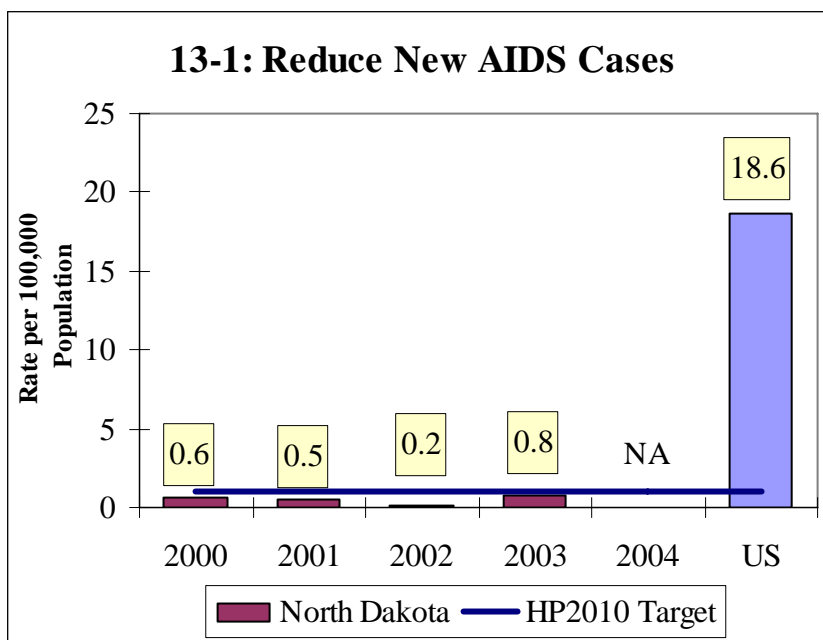
13-14: HIV Infection Deaths, age-adjusted rate per 100,000 population

HP2010 Target:
Reduce deaths from HIV infection to no more than 0.7 per 100,000 population.

Numerator:
Number of deaths due to HIV infection

Denominator:
Number of people in the population

North Dakota Data Source:
North Dakota Department of Health Division of Vital Records

13-14: Reduce HIV Infection Deaths

Year	Age-Adjusted Rate per 100,000 Population
2000	0.8
2001	0.7
2002	0.2
2003	0.3
2004	0.5
US	4.9

Legend: North Dakota — HP2010 Target
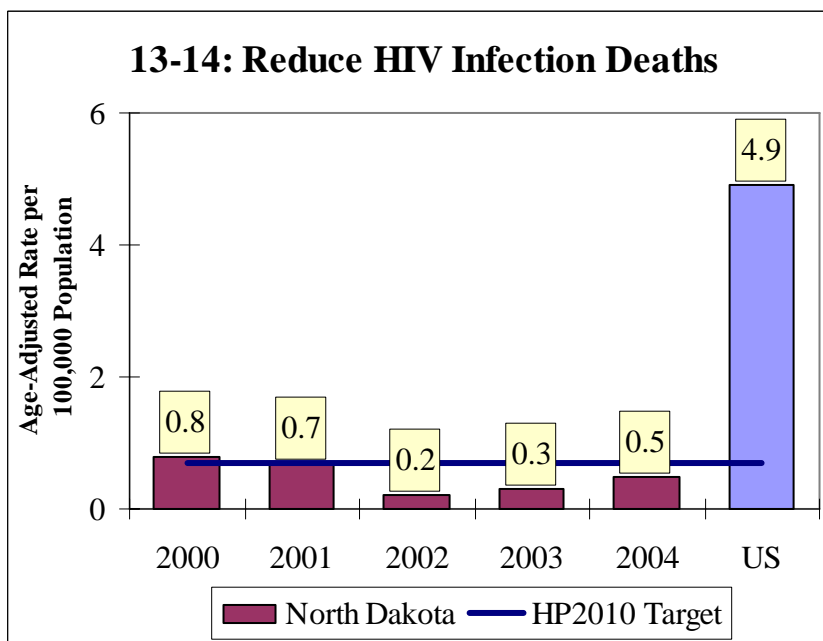
Focus Area 14: Immunization and Infectious Diseases

Goal

Prevent disease, disability and death from infectious diseases, including vaccine-preventable diseases.

Overview

Infectious diseases remain major causes of illness, disability and death. Moreover, new infectious agents and diseases are being detected, and some diseases considered under control have reemerged in recent years. In addition, antimicrobial resistance is evolving rapidly in a variety of hospital- and community-acquired infections. These trends suggest that many challenges still exist in the prevention and control of infectious diseases.

In North Dakota, the immunization rate for children age 19 to 35 months reached 82 percent in 2004, exceeding the Health People 2010 target of 80 percent.

Objectives

14-24a: Fully immunized children – Age 19 to 35 months

14-29a: Influenza vaccine – Adults age 65 and over

14-29b: Pneumococcal vaccine – Adults age 65 and over

Data for several other objectives in this Focus Area are included in Table 1: Summary of Objectives.

14-24a: Fully Immunized Children Age 19 to 35 Months

HP2010 Target:
Increase the proportion of children age 19 to 35 months who received the recommended vaccines (4 DtaP, 3 polio, 1 MMR, 3 Hib, 3 hepatitis B) to at least 80 percent.

Numerator:
Number of children age 19 to 35 months receiving at least four doses of diphtheria-tetanus-acellular pertussis (DtaP), at least three doses of polio, at least one dose of measles-mumps-rubella (MMR), at least three doses of Haemophilus influenzae B (Hib), and at least three doses of hepatitis B antigens

Denominator:
Number of children age 19 to 35 months

North Dakota Data Source:
North Dakota Immunization Program

14-24a: Fully Immunized Children Age 19 to 35 Months

Year	North Dakota
2000	80%
2001	79%
2002	78%
2003	80%
2004	82%
US	75%

Legend: North Dakota ■ HP2010 Target ▬
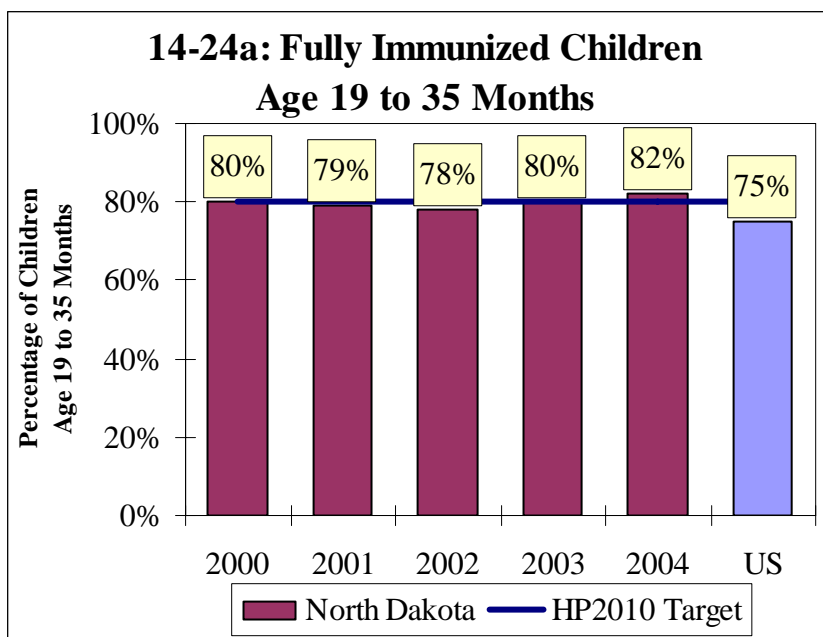
14-29a: Influenza Vaccine in Past Year Adults Age 65 and Older

Percentage of Adults Age 65 and Older

- 2000: 69%
- 2001: 70%
- 2002: 74%
- 2003: 73%
- 2004: 74%
- US: 66%

Legend: North Dakota ■ — HP2010 Target
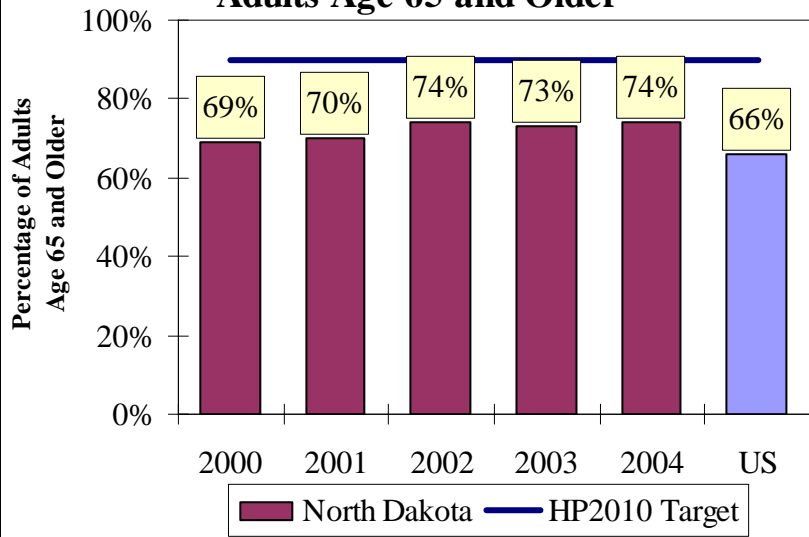
14-29a: Adults Age 65 and Older Vaccinated Against Influenza in Past Year

HP2010 Target:
Increase the proportion of adults age 65 and older who were vaccinated against influenza in the past year to at least 90 percent.

Numerator:
Number of adults age 65 and older who were vaccinated against influenza in the past year

Denominator:
Number of adults age 65 and older

North Dakota Data Source:
Behavioral Risk Factor Surveillance System

14-29b: Pneumococcal Vaccine Ever Adults Age 65 and Older

Percentage of Adults Age 65 and Older

- 2000: 63%
- 2001: 64%
- 2002: 72%
- 2003: 71%
- 2004: 70%
- US: 56%

Legend: North Dakota ■ — HP2010 Target
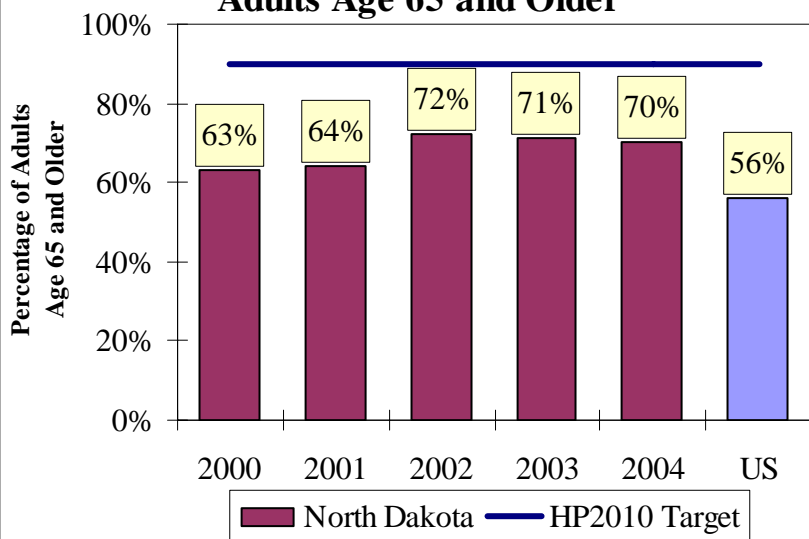
14-29b: Adults Age 65 and Older Ever Vaccinated Against Pneumonia

HP2010 Target:
Increase the proportion of adults age 65 and older who have ever been vaccinated against pneumonia to at least 90 percent.

Numerator:
Number of adults age 65 and older who have ever been vaccinated against pneumonia

Denominator:
Number of adults age 65 and older

North Dakota Data Source:
Behavioral Risk Factor Surveillance System

Focus Area 15: Injury and Violence Prevention

Goal

Reduce injuries, disabilities and deaths due to unintentional injuries and violence.

Overview

The risk of injury is so great that most people sustain a significant injury at some time during their lives. Nevertheless, this widespread human damage too often is taken for granted in the belief that injuries happen by chance and are the result of unpreventable "accidents." In fact, many injuries are not "accidents" or random; rather, most injuries are predictable and preventable.

Many of the factors that cause unintentional injuries are closely associated with violent and abusive behavior. Suicide rates among youth age 10 to 19 and adults age 65 and older have increased and raised concerns about the vulnerability of these population groups. Injury prevention and control addresses both unintentional and intentional injuries.

The Office of Statistics and Programming, National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC), reported that 157,058 people died in the United States in 2001 from injuries, a rate of 54.87 per 100,000 population.

North Dakota is not immune to the injury problem. Unintentional injury is the leading cause of death for age groups 1 through 44 and is the third leading cause of death for the age group 45 through 54. Unintentional injury is the fifth leading cause of death for the age group 55 through 64 and is the fifth leading cause of death for all ages in the state.

44

Objectives

15-13: Deaths from unintentional injuries

15-32: Homicide

15-38: Physical fighting among adolescents

15-39: Weapon carrying by adolescents on school property

15-13: Deaths From Unintentional Injuries, age-adjusted rate per 100,000 people

HP2010 Target:
Reduce the rate of death from unintentional injury to no more than 17.5 per 100,000 people.
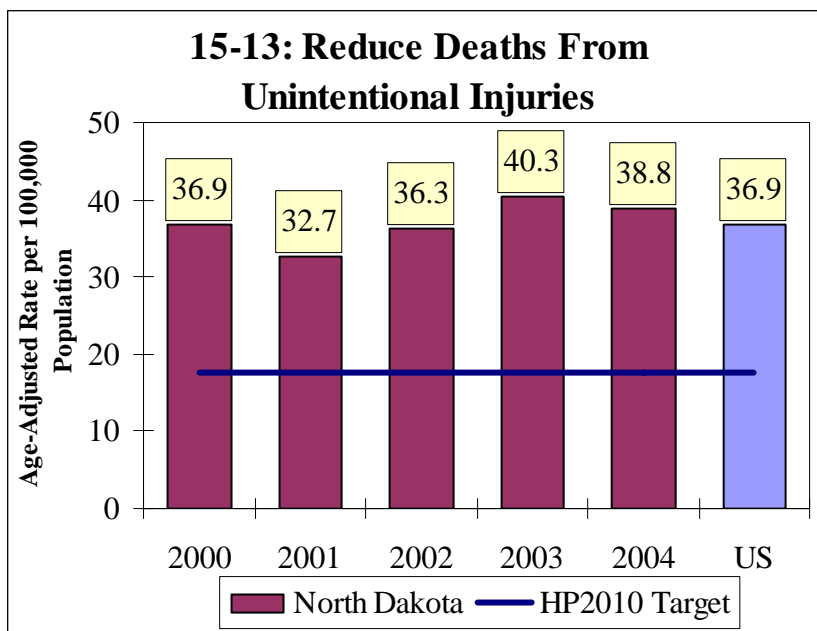
Numerator:
Number of deaths due to unintentional injury

Denominator:
Number of people in the population

North Dakota Data Source:
North Dakota Department of Health Division of Vital Records

15-13: Reduce Deaths From Unintentional Injuries

Age-Adjusted Rate per 100,000 Population

Year	North Dakota
2000	36.9
2001	32.7
2002	36.3
2003	40.3
2004	38.8
US	36.9

HP2010 Target (line at 17.5)

Legend: North Dakota ■ — HP2010 Target

15-32: Deaths From Homicide, age-adjusted rate per 100,000 people

HP2010 Target:
Reduce the rate of death from homicide to no more than 3.0 per 100,000 people.

Numerator:
Number of deaths due to homicide injury

Denominator:
Number of people in the population

North Dakota Data Source:
North Dakota Department of Health Division of Vital Records

15-32: Reduce Deaths From Homicide

Age-Adjusted Rate per 100,000 Population

Year	North Dakota
2000	1.8
2001	2.1
2002	1.0
2003	1.8
2004	1.8
US	6.1

HP2010 Target (line at 3.0)

Legend: North Dakota ■ — HP2010 Target
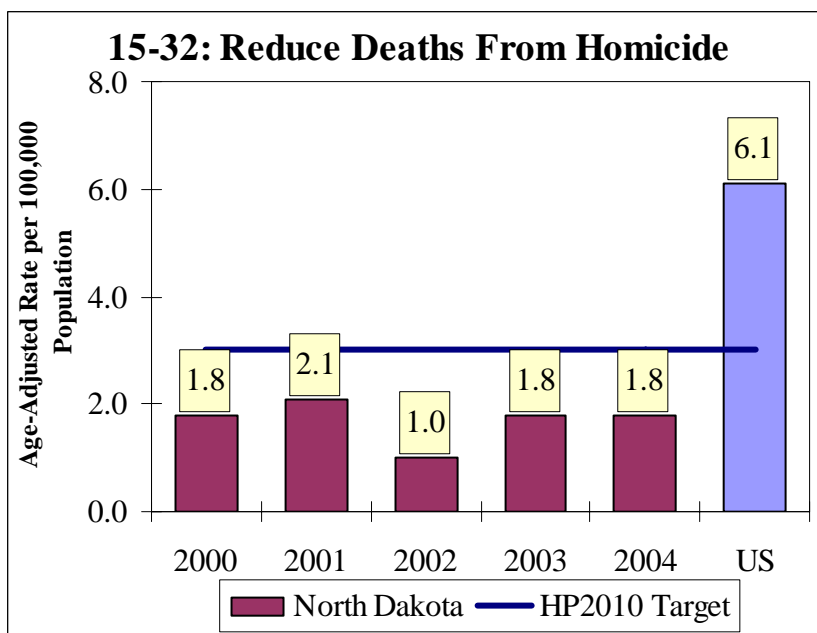
15-38: Reduce Physical Fighting Among Adolescents

Percentage of Students in Grades 9 Through 12

- 2000: NA
- 2001: 28%
- 2002: NA
- 2003: 27%
- 2004: NA
- 2005: 11%
- US: 33%

Legend: North Dakota (bars), HP2010 Target (line)
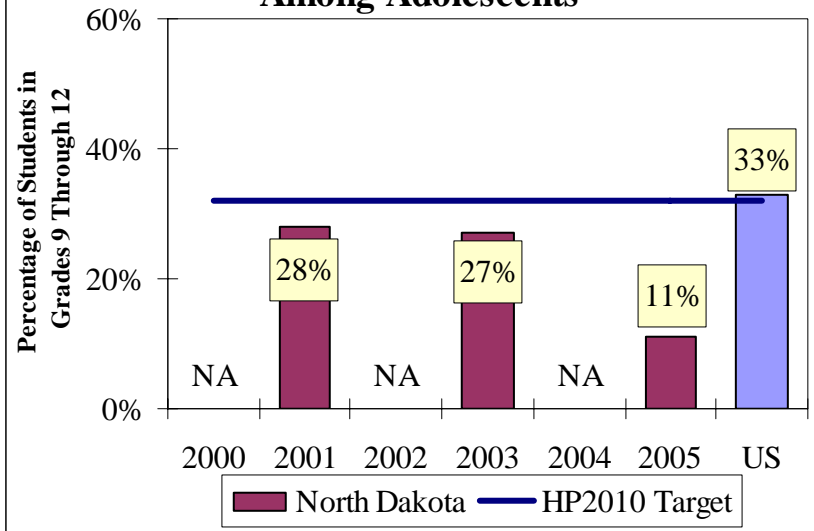
15-38: Physical Fighting Among Adolescents

HP2010 Target:
Reduce the percentage of students who engage in physical fighting to no more than 32 percent.

Numerator:
Number of students in grades nine through 12 who engaged in physical fighting in the previous month

Denominator:
Number of students in grades nine through 12

North Dakota Data Source:
Youth Risk Behavior Survey

15-39: Reduce Weapon Carrying by Adolescents on School Property

Percentage of Students in Grades 9 Through 12

- 2000: NA
- 2001: 6.4%
- 2002: NA
- 2003: 5.7%
- 2004: NA
- 2005: 6.0%
- US: 6.1%

Legend: North Dakota (bars), HP2010 Target (line)
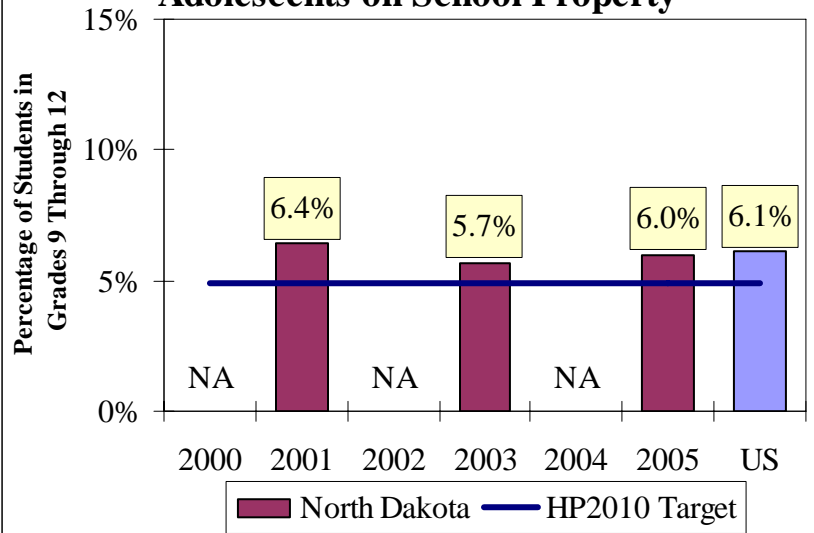
15-39: Weapon Carrying by Adolescents On School Property

HP2010 Target:
Reduce the percentage of students who carry a weapon on school property to no more than 4.9 percent.

Numerator:
Number of students in grades nine through 12 who carried a weapon on school property in the previous month

Denominator:
Number of students in grades nine through 12

North Dakota Data Source:
Youth Risk Behavior Survey

Focus Area 16: Maternal, Infant and Child Health

Goal

Improve the health and well-being of women, infants, children and families.

Overview

The health of mothers, infants and children is of critical importance, both as a reflection of the current health status of a large segment of the United States population and as a predictor of the health of the next generation. This focus area addresses a range of indicators of maternal, infant and child health — those primarily affecting pregnant and postpartum women (including indicators of maternal illness and death) and those affecting infants' health and survival (including infant mortality rates; birth outcomes; prevention of birth defects; access to preventive care; and fetal, perinatal and other infant deaths).

Four causes account for more than half of all infant deaths: birth defects, disorders relating to short gestation and unspecified low birth weight (LBW), sudden infant death syndrome (SIDS), and respiratory distress syndrome. The leading causes of neonatal death in 1997 were birth defects, disorders related to short gestation and LBW, respiratory distress syndrome, and maternal complications of pregnancy. After the first month of life, SIDS is the leading cause of infant death, accounting for about one-third of all deaths during this period. Maternal age also is a risk factor for infant death. Mortality rates are highest among infants born to young teenagers (age 16 and younger) and to mothers 44 and older.

Many of the risk factors mentioned can be mitigated or prevented with good preconception and prenatal care. First, preconception screening and counseling offer an opportunity to identify and mitigate maternal risk factors before pregnancy begins. Other actions taken after birth can significantly improve infants' health and chances of survival.

Objectives

16-6a: Prenatal care first trimester

16-6b: Early and adequate prenatal care

16-9a: Cesarean births – First-time births

16-9b: Cesarean births – Prior cesarean deliveries

16-10a: Low birth weight

16-10b: Very low birth weight

16-11a: Total preterm births

16-16a: Folic acid consumption

16-17c: Prenatal substance exposure – Cigarette smoking

16-19a: Breastfeeding – Early postpartum

Data for several other objectives in this Focus Area are included in Table 1: Summary of Objectives.

16-6a: Prenatal Care First Trimester

HP2010 Target:
Increase the proportion of women who receive prenatal care in the first trimester of pregnancy to at least 90 percent.

Numerator:
Number of females receiving prenatal care in the first trimester (three months) of pregnancy

Denominator:
Number of live births

North Dakota Data Source:
North Dakota Department of Health Division of Vital Records

16-6a: Increase Prenatal Care in First Trimester

Percentage of Live Births

Year	North Dakota
2000	85%
2001	85%
2002	86%
2003	86%
2004	85%
US	84%

North Dakota — HP2010 Target
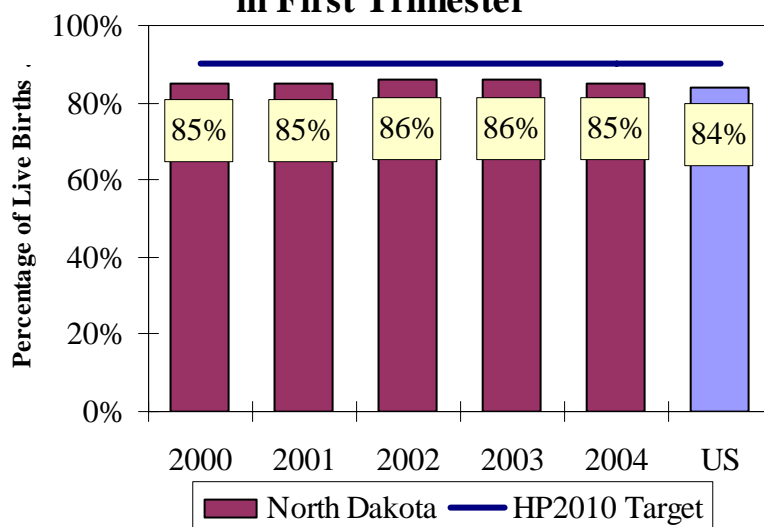
16-6b: Early and Adequate Prenatal Care

HP2010 Target:
Increase the proportion of women who receive early and adequate prenatal care to at least 90 percent.

Numerator:
Number of females receiving adequate prenatal care (by the Adequacy of Prenatal Care Utilization Index, APNCU)
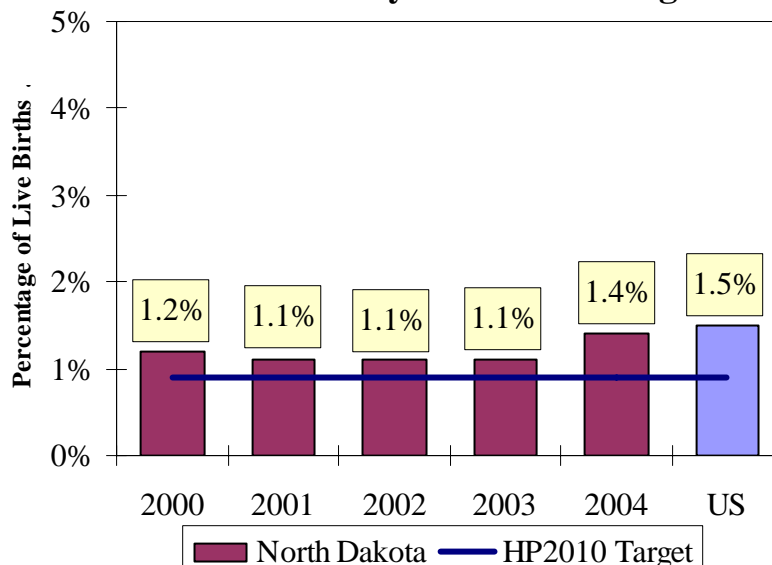
Denominator:
Number of live births

North Dakota Data Source:
North Dakota Department of Health Division of Vital Records

16-6b: Increase Early and Adequate Prenatal Care

Percentage of Live Births

Year	North Dakota
2000	71%
2001	71%
2002	88%
2003	88%
2004	88%
US	75%

North Dakota — HP2010 Target

50

16-9a: Reduce Cesarean Births: First-Time Births
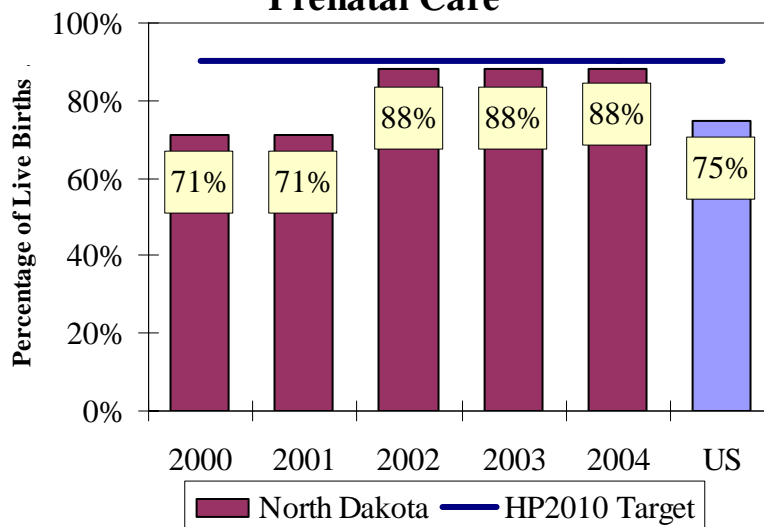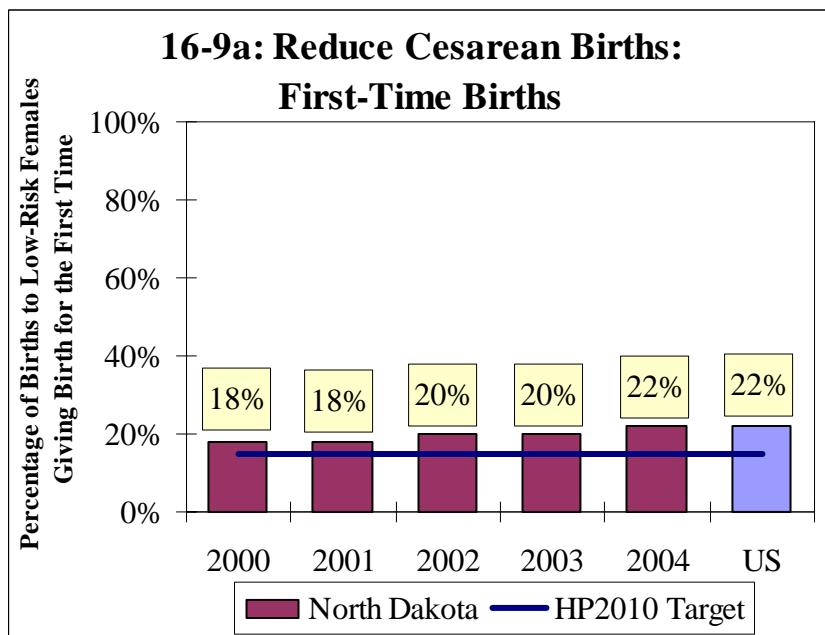
16-9a: Cesarean Births – First-Time Births

HP2010 Target:
Reduce the rate of cesarean births among low-risk women giving birth for the first time to no more than 15 percent.

Numerator:
Number of births delivered by cesarean section to low-risk females giving birth for the first time

Denominator:
Number of live births to low-risk females giving birth for the first time

North Dakota Data Source:
North Dakota Department of Health Division of Vital Records

16-9b: Reduce Cesarean Births: Prior Cesarean Delivery
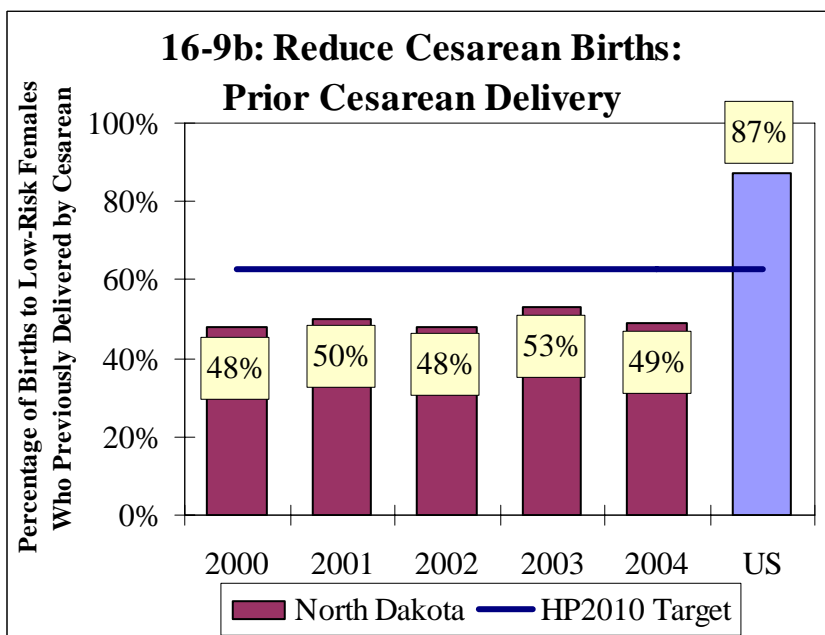
16-9b: Cesarean Births – Prior Cesarean Delivery

HP2010 Target:
Reduce the rate of cesarean births among low-risk women who previously had a cesarean delivery to no more than 63 percent.

Numerator:
Number of cesarean deliveries to low-risk females who previously delivered an infant by cesarean

Denominator:
Number of live births to low-risk females who previously delivered an infant by cesarean

North Dakota Data Source:
North Dakota Department of Health Division of Vital Records

51

16-10a: Low Birth Weight

HP2010 Target:
Reduce the proportion of low birth weight infants to no more than 5 percent.

Numerator:
Number of live births with birth weight of less than 2,500 grams (5 lbs. 8 oz.)

Denominator:
Number of live births

North Dakota Data Source:
North Dakota Department of Health Division of Vital Records

16-10a: Reduce Low Birth Weight
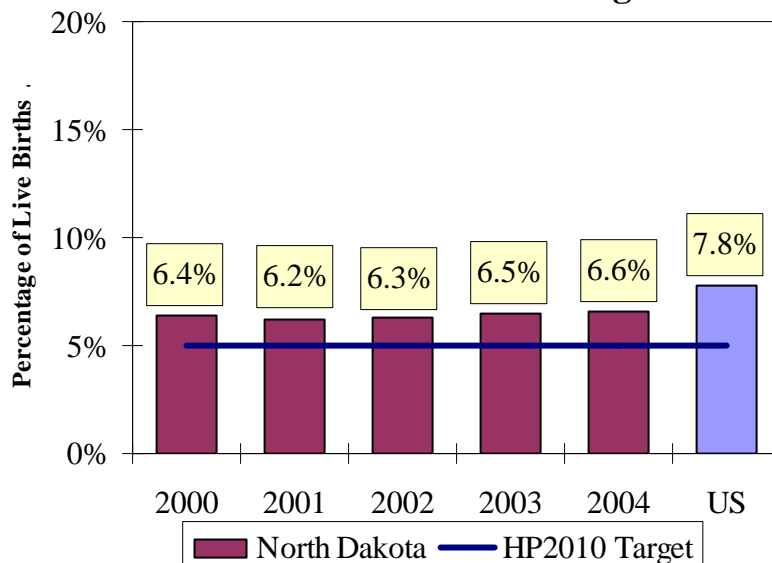
16-10b: Very Low Birth Weight

HP2010 Target:
Reduce the proportion of very low birth weight infants to no more than 0.9 percent.

Numerator:
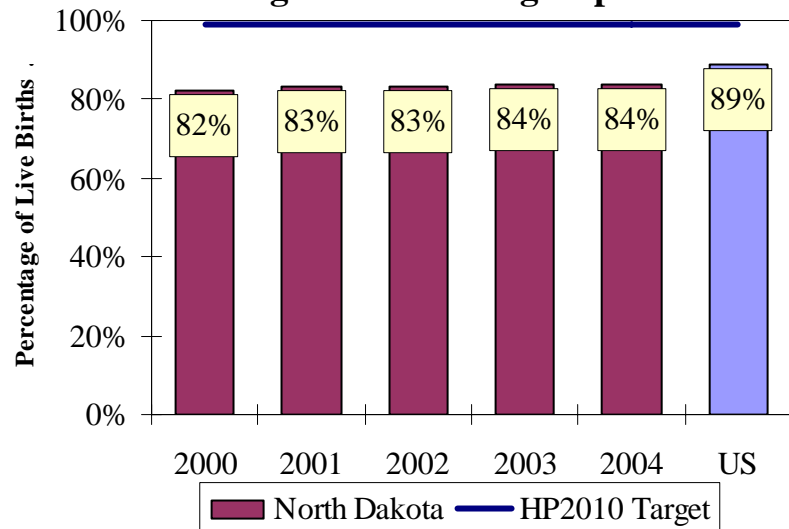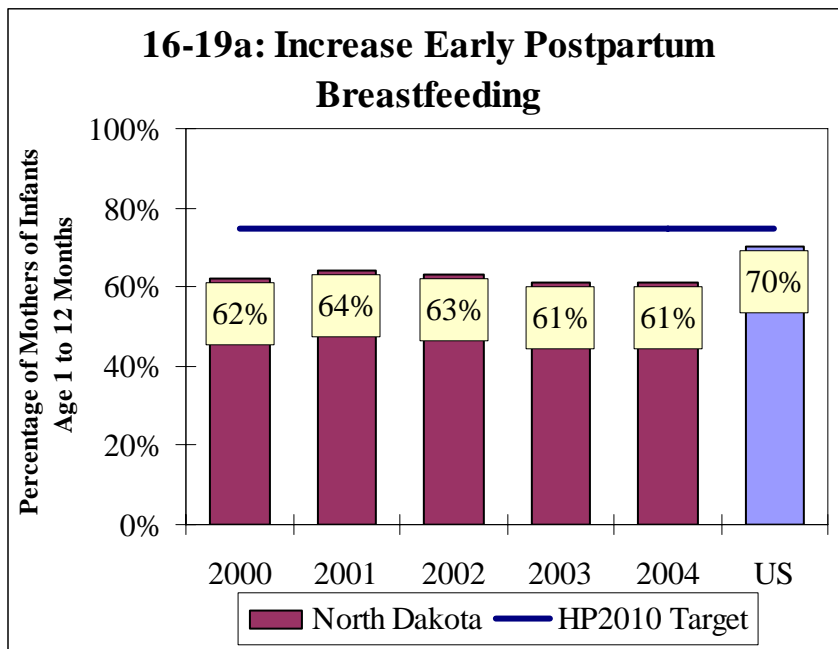Number of live births with birth weight of less than 1,500 grams (3 lbs. 4 oz.)

Denominator:
Number of live births

North Dakota Data Source:
North Dakota Department of Health Division of Vital Records

16-10b: Reduce Very Low Birth Weight

16-11a: Reduce Preterm Births
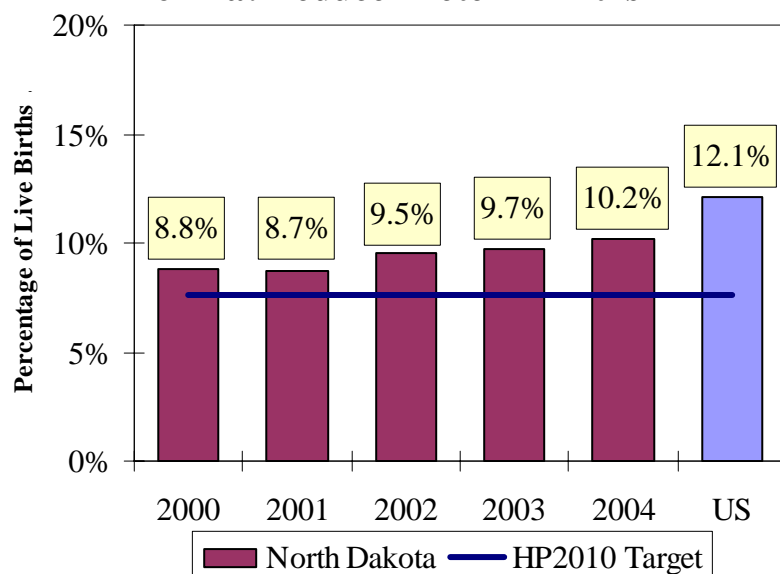
16-11a: Preterm Births

HP2010 Target:
Reduce the proportion of births that are preterm births to no more than 7.6 percent.

Numerator:
Number of infants born prior to 37 completed weeks of gestation

Denominator:
Number of live births

North Dakota Data Source:
North Dakota Department of Health Division of Vital Records

16-16a: Increase Folic Acid Consumption
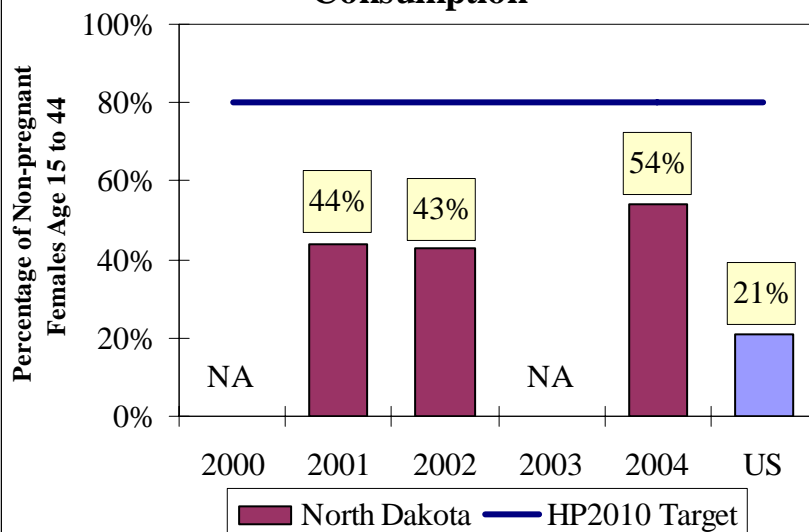
16-16a: Folic Acid Consumption

HP2010 Target:
Increase the percentage of non-pregnant women who consume adequate folic acid daily to at least 80 percent.

Numerator:
Number of non-pregnant females age 15 to 44 years who report consuming an average of 400 µg of folic acid daily over the past month

Denominator:
Number of non-pregnant females age 15 to 44 years

North Dakota Data Source:
Behavioral Risk Factor Surveillance System

16-17c: Abstinence From Cigarette Smoking During Pregnancy

HP2010 Target:
Increase abstinence from cigarettes among pregnant women to 99 percent.

Numerator:
Number of women having live births reporting abstaining from cigarette smoking during pregnancy

Denominator:
Number of live births

North Dakota Data Source:
North Dakota Department of Health Division of Vital Records

16-17c: Increase Abstinence From Prenatal Cigarette Smoking Exposure

Percentage of Live Births

Year	North Dakota
2000	82%
2001	83%
2002	83%
2003	84%
2004	84%
US	89%

Legend: North Dakota, HP2010 Target

16-19a: Increase Early Postpartum Breastfeeding

Percentage of Mothers of Infants Age 1 to 12 Months

Year	North Dakota
2000	62%
2001	64%
2002	63%
2003	61%
2004	61%
US	70%

Legend: North Dakota — HP2010 Target

16-19a: Breastfeeding – Early Postpartum – Prior to Hospital Discharge After Birth

HP2010 Target:
Increase the proportion of mothers who breastfeed their babies in the early postpartum period to 75 percent.

Numerator:
Number of mothers who indicate that breast milk is at least one of the types of milk her infant was fed in the hospital

Denominator:
Number of mothers of infants age 1 to 12 months

North Dakota Data Source:
North Dakota Department of Health Division of Vital Records

Focus Area 18: Mental Health and Mental Disorders

Goal

Improve mental health and ensure access to appropriate, quality mental health services.

Overview

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people and the ability to adapt to change and to cope with adversity. *Mental disorders* are health conditions characterized by alterations in thinking, mood or behavior (or some combination thereof) that are associated with distress and/or impaired functioning and spawn a host of human problems that may include disability, pain or death. *Mental illness* is the term that refers collectively to all diagnosable mental disorders.

Mental disorders occur across the lifespan, affecting persons of all racial and ethnic groups, both genders and all educational and socioeconomic groups. In the United States, approximately 40 million people age 18 to 64, or 22 percent of the population, had a diagnosis of mental disorder alone (19 percent) or of a co-occurring mental and addictive disorder in the past year. At least one in five children and adolescents between age 9 and 17 has a diagnosable mental disorder in a given year. Mental and behavioral disorders and serious emotional disturbances (SEDs) in children and adolescents can lead to school failure, alcohol or illicit drug use, violence or suicide.

In North Dakota, 5.4 percent of the adult population suffered from serious mental illness in 2002. Also, 13.1 percent of adults reported that their mental health was not good for one or two of the previous 30 days in 2004. In 2005, 10.1 percent of students in grades nine through 12 reported wanting to talk about feelings of sadness, anger or anxiety with a counselor during the previous year. In addition, 15.4 percent of students in grades nine through 12 seriously considered suicide, and 12.2 percent of students made a plan about how they would attempt suicide during the previous year. Furthermore, 6.4 percent of students in grades nine through 12 actually attempted suicide, and 1.7 percent of students sustained injuries that required medical treatment as a result of a suicide attempt during the previous year.

Objectives

18-1: Suicide

18-2: Adolescent suicide attempts

18-1: Suicide, age-adjusted rate per 100,000 population

HP2010 Target:
Reduce the suicide rate to 5.0 per 100,000 population.
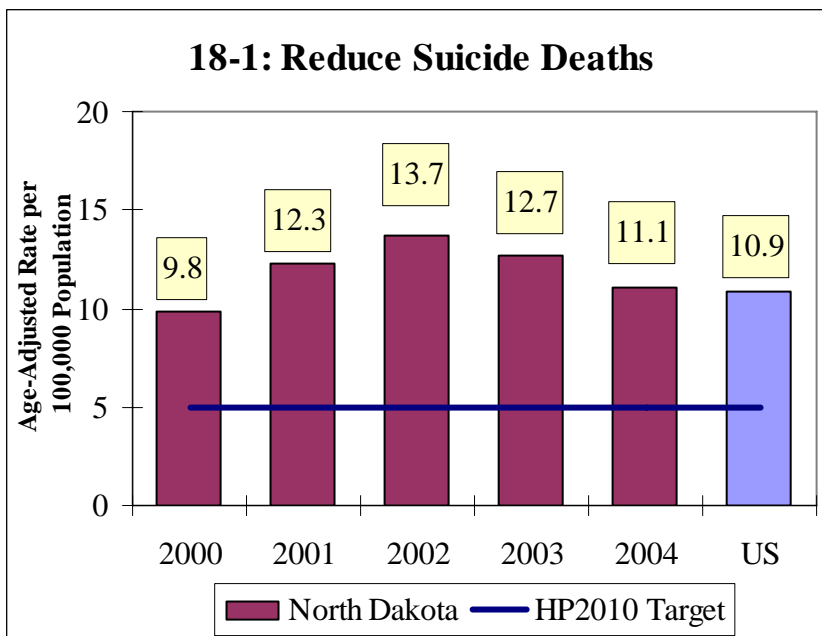
Numerator:
Number of deaths due to suicide

Denominator:
Number of people in the population

North Dakota Data Source:
North Dakota Department of Health Division of Vital Records

18-1: Reduce Suicide Deaths

Age-Adjusted Rate per 100,000 Population

Year	Value
2000	9.8
2001	12.3
2002	13.7
2003	12.7
2004	11.1
US	10.9

Legend: North Dakota — HP2010 Target

18-2: Adolescent Suicide Attempts

HP2010 Target:
Reduce the percentage of high school students who attempt suicide resulting in a need for medical attention to 1 percent or less.

Numerator:
Number of students in grades nine through 12 who reported suicide attempts that required medical attention in the 12 months preceding the survey

Denominator:
Number of students in grades nine through 12

North Dakota Data Source:
Youth Risk Behavior Survey

18-2: Reduce Adolescent Suicide Attempts Resulting in Need For Medical Attention

Percentage of Students in Grades 9 Through 12

Year	Value
2000	NA
2001	2.3%
2002	NA
2003	2.8%
2004	NA
2005	1.7%
US	2.9%

Legend: North Dakota — HP2010 Target
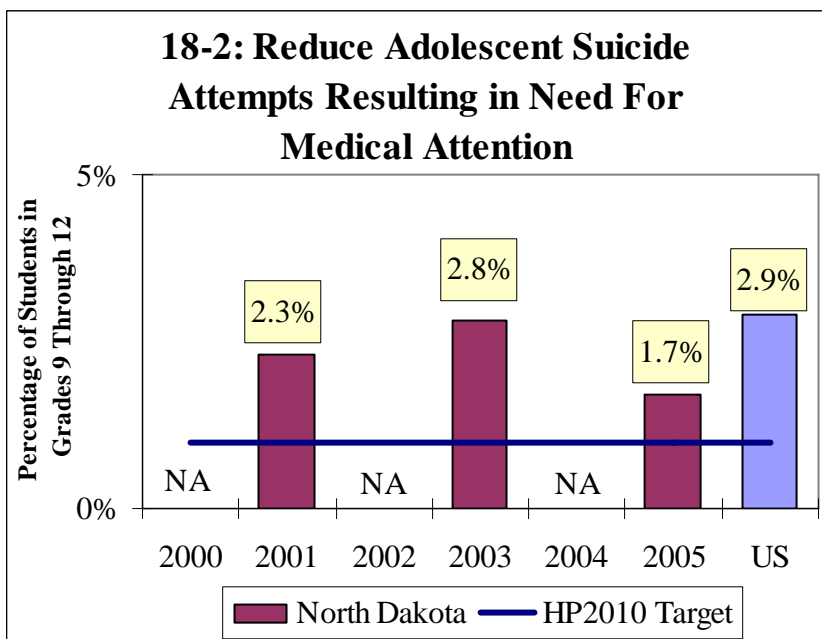
Focus Area 19: Nutrition and Overweight

Goal

Promote health and reduce chronic disease associated with diet and weight.

Overview

North Dakotans are a part of the national trend toward increasing overweight and obesity. In 2004, 25 percent of North Dakota adults were obese (up from 20 percent in 2000). The HP2010 target is 15 percent of adults. At the same time, only about 37 percent of North Dakota adults were at a healthy weight with a Body Mass Index between 18.5 and 25. The HP2010 target indicates that at least 60 percent of our adult population should be at a healthy weight.

Overweight results when a person eats more calories from food (energy) than he or she expends, for example, through physical activity. This balance between energy intake and output is influenced by metabolic and genetic factors; our behaviors affecting dietary intake and physical activity; and environmental, cultural and socioeconomic components.

Many diseases are associated with overweight and obesity. People who are overweight or obese are at increased risk for high blood pressure, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea, respiratory problems and some types of cancer. The health outcomes related to these diseases, however, often can be improved through weight loss or, at a minimum, no further weight gain.

Establishing healthful dietary and physical activity behaviors needs to begin in childhood, and health promotion efforts about how to achieve and maintain a healthy weight should continue throughout adulthood.

Objectives

19-1: Healthy weight in adults

19-2: Obesity in adults

19-1: Healthy Weight in Adults

HP2010 Target:
Increase the percentage of adults who are at a healthy weight to 60 percent.

Numerator:
Number of adults with a Body Mass Index less than 25

Denominator:
Number of adults in the population

North Dakota Data Source:
Behavioral Risk Factor Surveillance System

19-1: Increase the Percentage of Adults Who Are at a Healthy Weight

Year	North Dakota
2000	40%
2001	38%
2002	38%
2003	37%
2004	37%
US	34%
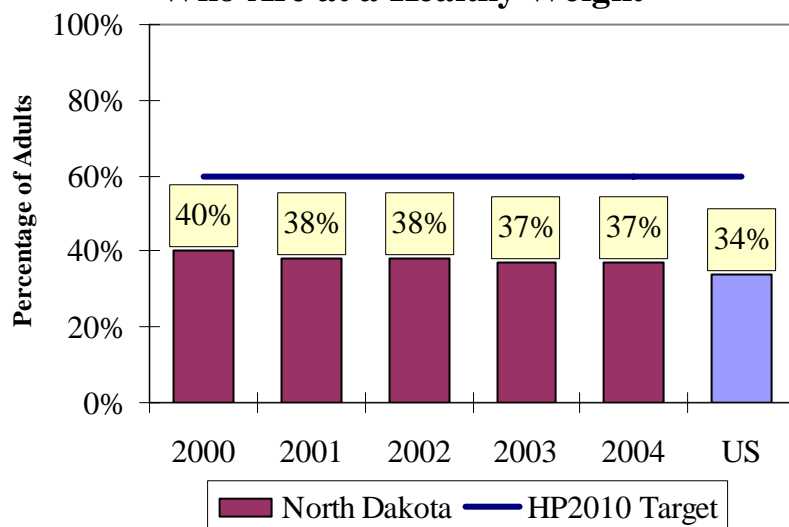
HP2010 Target: 60%

19-2: Obesity in Adults

HP2010 Target:
Reduce the percentage of adults who are obese to 15 percent.

Numerator:
Number of adults with a Body Mass Index at or above 30

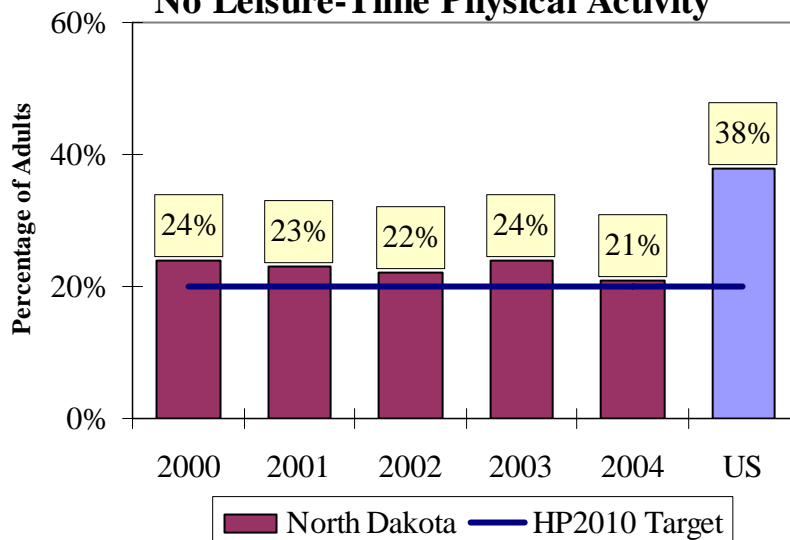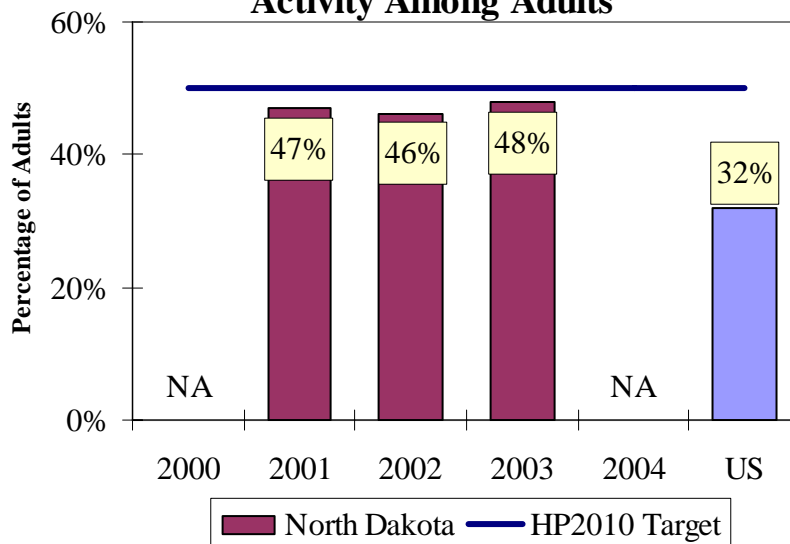**Denominator:**
Number of adults in the population

North Dakota Data Source:
Behavioral Risk Factor Surveillance System

19-2: Reduce Obesity in Adults

Year	North Dakota
2000	20%
2001	20%
2002	23%
2003	24%
2004	25%
US	31%

HP2010 Target: 15%
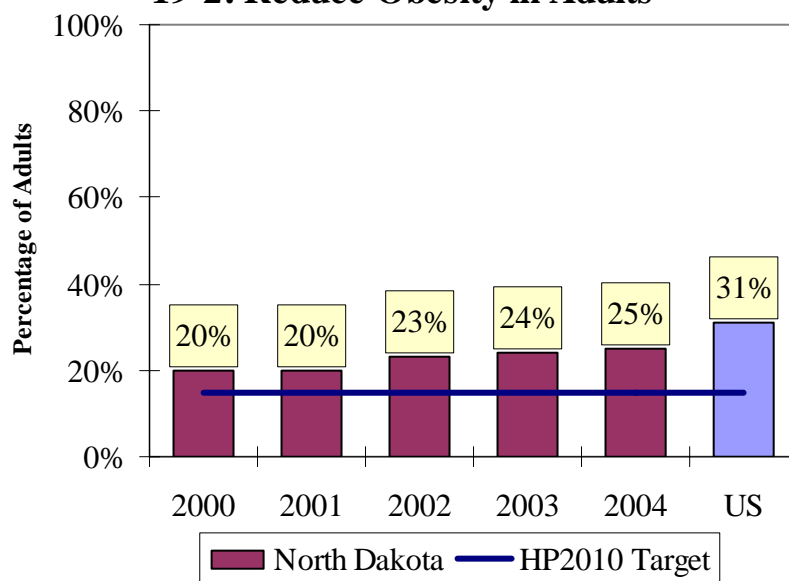
Focus Area 22: Physical Activity and Fitness

Goal

Improve health, fitness and quality of life through daily physical activity.

Overview

Research has demonstrated that virtually all individuals will benefit from regular physical activity. According to the 1996 Surgeon General's report on physical activity, moderate physical activity can reduce the risk of developing or dying from heart disease, diabetes, colon cancer and high blood pressure and may protect against lower back pain and some forms of cancer (for example, breast cancer). Encouraging any type or amount of physical activity in leisure time can provide important health benefits.

Over the past five years, more North Dakotans are getting active. In 2004, about 79 percent of adults in North Dakota reported participating in leisure-time physical activity, placing us very close to the HP 2010 target of 80 percent or more. Between 2000 and 2004 students in grades nine through12 reported participating in more daily physical education (up by 5%) and in more vigorous physical activity (up by 3%).

For an aging population, like the population in North Dakota, physical activity is particularly important. On average, physically active people outlive those who are inactive. Regular physical activity also helps to maintain the functional independence of older adults and enhances the quality of life for people of all ages. Regular physical activity is especially important for people who have joint or bone problems and has been shown to improve muscle function, cardiovascular function and physical performance.

Objectives

22-1: No leisure-time physical activity

22-2: Moderate physical activity

22-3: Vigorous physical activity

22-6: Moderate physical activity in adolescents

22-7: Vigorous physical activity in adolescents

22-9: Daily physical education in schools

22-10: Physical activity in physical education class

22-11: Television viewing

22-1: No Leisure-Time Physical Activity

HP2010 Target:
Reduce the proportion of adults who engage in no leisure-time physical activity to 20 percent.

Numerator:
Number of adults who report that they never or are unable to do light or moderate physical activity for at least 10 minutes and that they never or are unable to do vigorous physical activity for at least 10 minutes

Denominator:
Number of adults in the population

North Dakota Data Source:
Behavioral Risk Factor Surveillance System

22-1: Reduce Percentage of Adults With No Leisure-Time Physical Activity

Percentage of Adults

2000: 24%
2001: 23%
2002: 22%
2003: 24%
2004: 21%
US: 38%

North Dakota ▬ HP2010 Target

22-2: Moderate Physical Activity Among Adults

HP2010 Target:
Increase the proportion of adults who engage regularly in moderate physical activity to 50 percent.
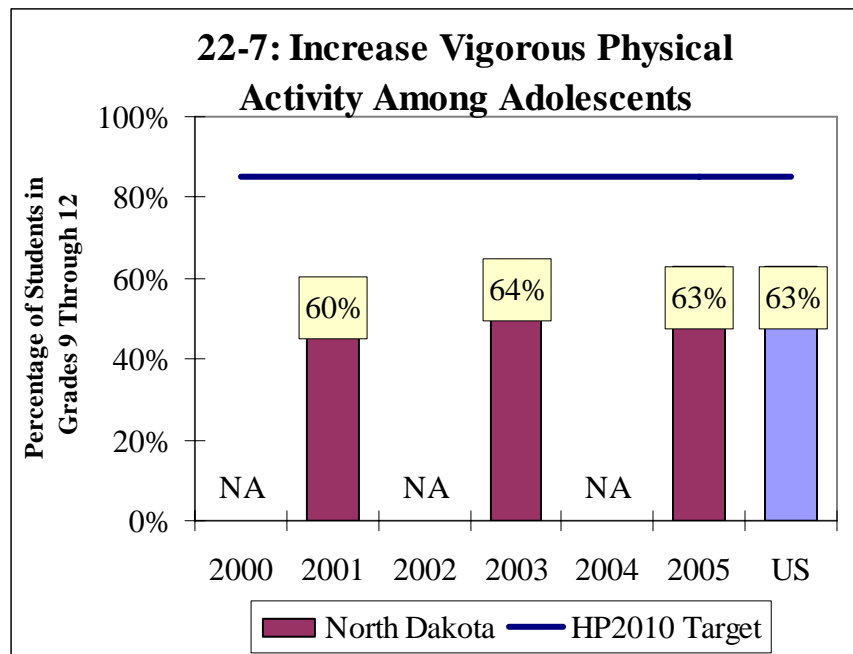
Numerator:
Number of adults who report light or moderate physical activity for at least 30 minutes five or more times per week

Denominator:
Number of adults in the population

North Dakota Data Source:
Behavioral Risk Factor Surveillance System

22-2: Increase Moderate Physical Activity Among Adults

Percentage of Adults

2000: NA
2001: 47%
2002: 46%
2003: 48%
2004: NA
US: 32%

North Dakota ▬ HP2010 Target

22-3: Increase Vigorous Physical Activity Among Adults

Chart showing Percentage of Adults by year. North Dakota (bar) and HP2010 Target (line at 30%).
- 2000: NA
- 2001: 24%
- 2002: 24%
- 2003: 27%
- 2004: NA
- US: 23%

Legend: North Dakota, HP2010 Target
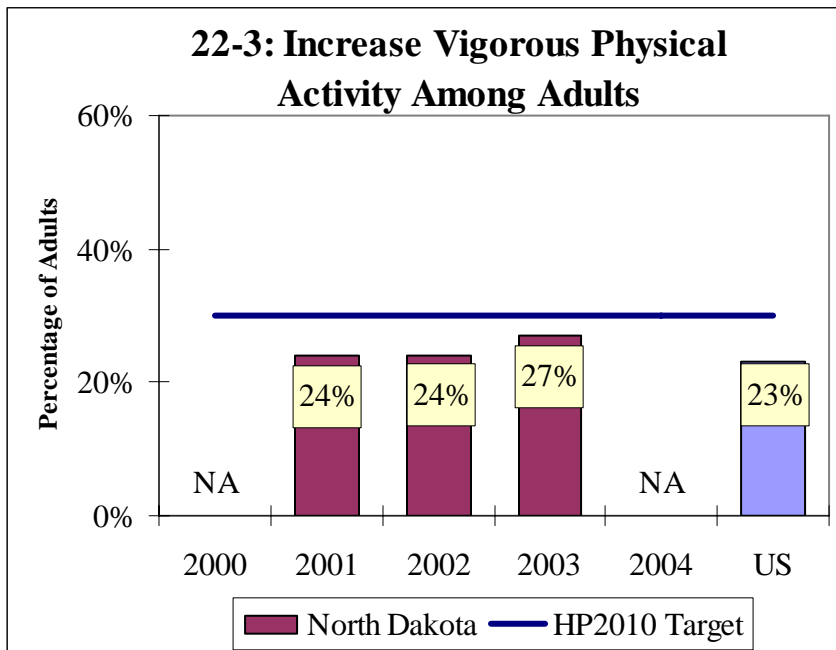
22-3: Vigorous Physical Activity Among Adults

HP2010 Target:
Increase the proportion of adults who engage regularly in vigorous physical activity to 30 percent.

Numerator:
Number of adults who report participating in vigorous physical activity for at least 20 minutes three or more times per week

Denominator:
Number of adults in the population

North Dakota Data Source:
Behavioral Risk Factor Surveillance System

22-6: Increase Moderate Physical Activity Among Adolescents
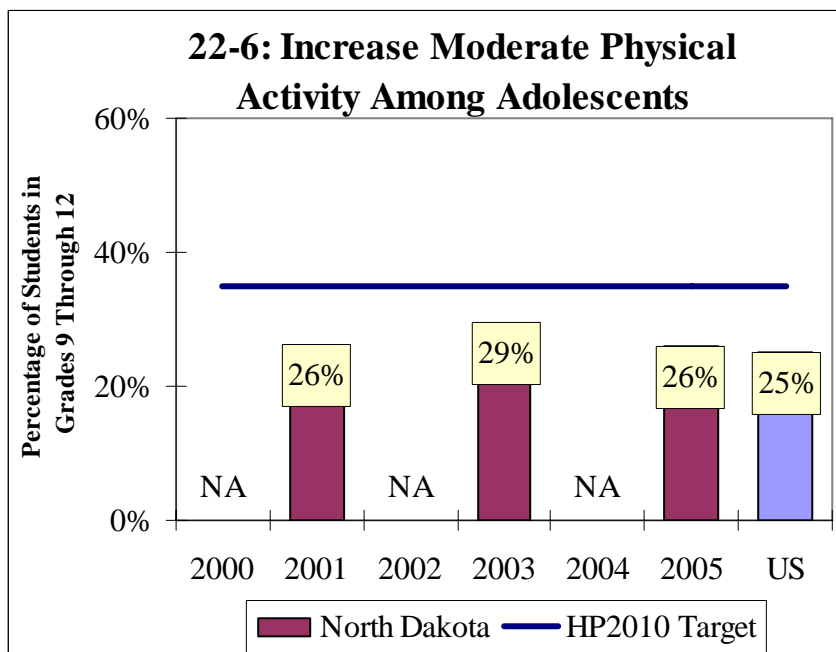
Chart showing Percentage of Students in Grades 9 Through 12 by year. North Dakota (bar) and HP2010 Target (line at 35%).
- 2000: NA
- 2001: 26%
- 2002: NA
- 2003: 29%
- 2004: NA
- 2005: 26%
- US: 25%

Legend: North Dakota, HP2010 Target

22-6: Moderate Physical Activity in Adolescents

HP2010 Target:
Increase the proportion of adolescents who engage regularly in moderate physical activity to 35 percent.

Numerator:
Number of students in grades nine through 12 who report participating for at least 30 minutes in physical activity that did not make them sweat or breathe hard on five or more of the seven days preceding the survey
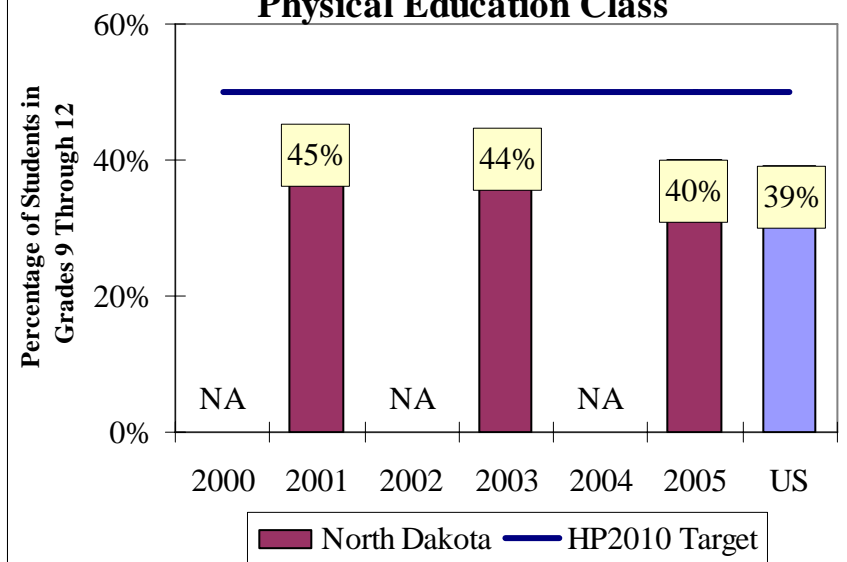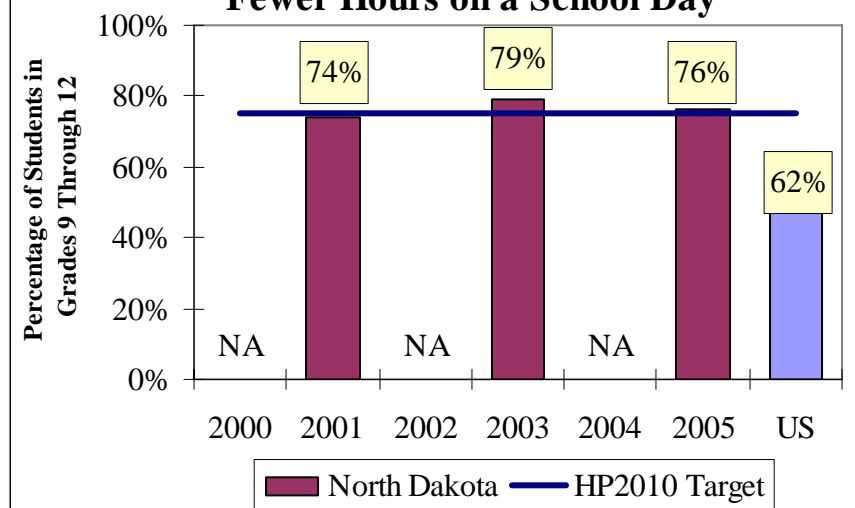
Denominator:
Number of students in grades nine through 12

North Dakota Data Source:
Youth Risk Behavior Survey

22-7: Vigorous Physical Activity in Adolescents

HP2010 Target:
Increase the proportion of adolescents who engage regularly in vigorous physical activity to 85 percent.

Numerator:
Number of students in grades nine through 12 who report participating for at least 20 minutes in physical activity that made them sweat and breathe hard on three or more of the seven days preceding the survey

Denominator:
Number of students in grades nine through 12

North Dakota Data Source:
Youth Risk Behavior Survey

22-7: Increase Vigorous Physical Activity Among Adolescents

Percentage of Students in Grades 9 Through 12

Year	North Dakota
2000	NA
2001	60%
2002	NA
2003	64%
2004	NA
2005	63%
US	63%

HP2010 Target: 85%

Legend: North Dakota — HP2010 Target

22-9: Daily Physical Education in Schools

HP2010 Target:
Increase the proportion of adolescents who participate in daily school physical education to 50 percent.

Numerator:
Number of students in grades nine through 12 who report participating in physical education classes five times per week

Denominator:
Number of students in grades nine through 12

North Dakota Data Source:
Youth Risk Behavior Survey

22-9: Increase Daily Physical Education in Schools

Percentage of Students in Grades 9 Through 12

Year	North Dakota
2000	NA
2001	32%
2002	NA
2003	37%
2004	NA
2005	37%
US	28%

HP2010 Target: 50%

Legend: North Dakota — HP2010 Target

22-10: Increase Physical Activity in Physical Education Class

Bar chart titled "22-10: Increase Physical Activity in Physical Education Class." Y-axis: Percentage of Students in Grades 9 Through 12, 0% to 60%. HP2010 Target line at 50%. Values by year: 2000 NA, 2001 45%, 2002 NA, 2003 44%, 2004 NA, 2005 40%, US 39%. Legend: North Dakota, HP2010 Target.
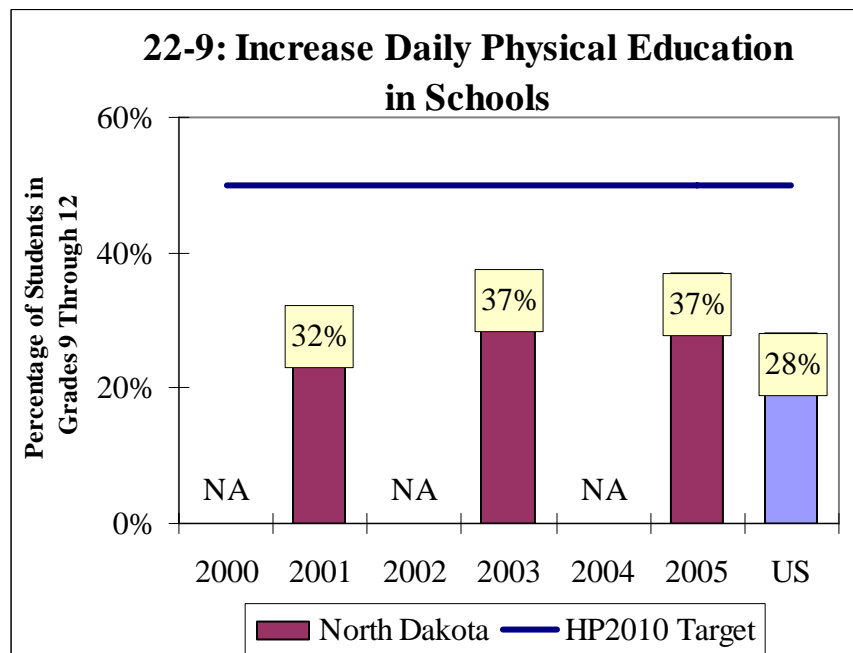
22-10: Physical Activity in Physical Education Class

HP2010 Target:
Increase the proportion of adolescents who spend at least 50 percent of school physical education class time being physically active to 50 percent.

Numerator:
Number of students in grades nine through 12 who report spending 21 or more minutes exercising or playing sports in physical education class three to five times a week

Denominator:
Number of students in grades nine through 12

North Dakota Data Source:
Youth Risk Behavior Survey

22-11: Increase the Percentage of Adolosecents Who Watch TV for Two or Fewer Hours on a School Day

Bar chart titled "22-11: Increase the Percentage of Adolosecents Who Watch TV for Two or Fewer Hours on a School Day." Y-axis: Percentage of Students in Grades 9 Through 12, 0% to 100%. HP2010 Target line at 75%. Values by year: 2000 NA, 2001 74%, 2002 NA, 2003 79%, 2004 NA, 2005 76%, US 62%. Legend: North Dakota, HP2010 Target.

22-11: Adolescent Television Viewing on School Days

HP2010 Target:
Increase the proportion of adolescents who view television two or fewer hours on a school day to 75 percent.

Numerator:
Number of students in grades nine through 12 who report watching TV for two or fewer hours on an average school day

Denominator:
Number of students in grades nine through 12

North Dakota Data Source:
Youth Risk Behavior Survey

67

Focus Area 24: Respiratory Diseases

Goal

Promote respiratory health through better prevention, detection, treatment and education efforts.

Overview

Asthma, chronic obstructive pulmonary disease (COPD) and obstructive sleep apnea (OSA) are a significant public health burden to the United States. Specific methods of detection, intervention and treatment exist that may reduce this burden.

Asthma and COPD are among the 10 leading chronic conditions causing restricted activity. After chronic sinusitis, asthma is the most common cause of chronic illness in children. Methods are available to treat these respiratory diseases and promote respiratory health.

In North Dakota, COPD was the fifth leading cause of death in 2004. Although asthma deaths are less common, the rate of death from asthma is highest among adults age 65 and older.

Objectives

24-1c: Deaths from asthma – Adolescents and adults age 15 to 34

24-1d: Deaths from asthma – Adults age 35 to 64

24-1e: Deaths from asthma – Adults age 65 and older

24-10: Deaths from COPD

24-1c: Deaths From Asthma – Adolescents and Adults Age 15 to 34

HP2010 Target:
Reduce the rate of death from asthma among people age 15 to 34 to no more than two deaths per 1,000,000 population age 15 to 34.

Numerator:
Number of asthma deaths among people age 15 to 34

Denominator:
Number of people age 15 to 34

North Dakota Data Source:
North Dakota Department of Health Division of Vital Records

24-1c: Reduce Asthma Deaths – Adolescents and Adults Age 15 to 34

Rate per 1,000,000 Population Age 15 to 34

Year	Rate
2000	0.0
2001	5.5
2002	5.5
2003	11.0
2004	5.5
US	5.0

Legend: North Dakota — HP2010 Target
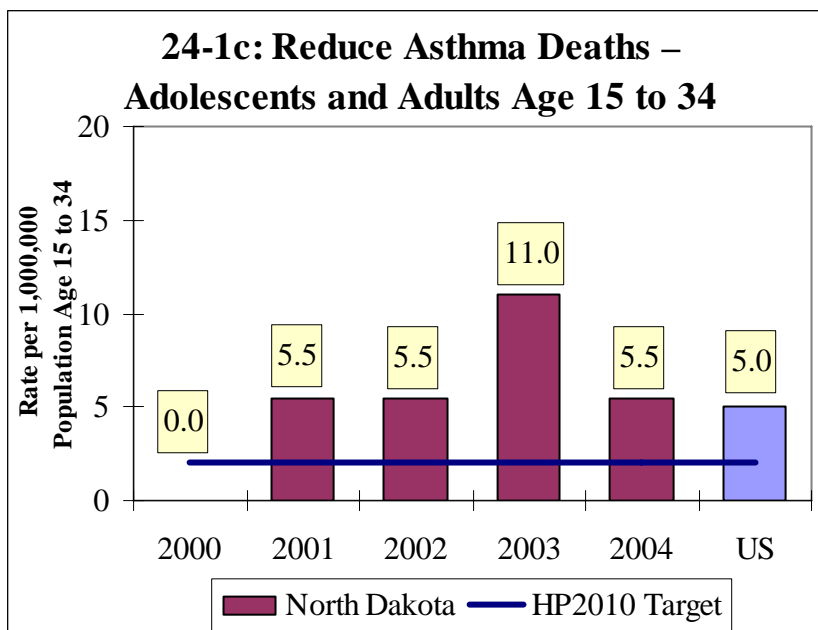
24-1d: Deaths From Asthma – Adults Age 35 to 64

HP2010 Target:
Reduce the rate of death from asthma among adults age 35 to 64 to no more than nine deaths per 1,000,000 population age 35 to 64.

Numerator:
Number of asthma deaths among adults age 35 to 64

Denominator:
Number of adults age 35 to 64

North Dakota Data Source:
North Dakota Department of Health Division of Vital Records

24-1d: Reduce Asthma Deaths – Adults Age 35 to 64

Rate per 1,000,000 Population Age 35 to 64

Year	Rate
2000	12.7
2001	16.9
2002	4.2
2003	16.9
2004	8.4
US	14.5

Legend: North Dakota — HP2010 Target
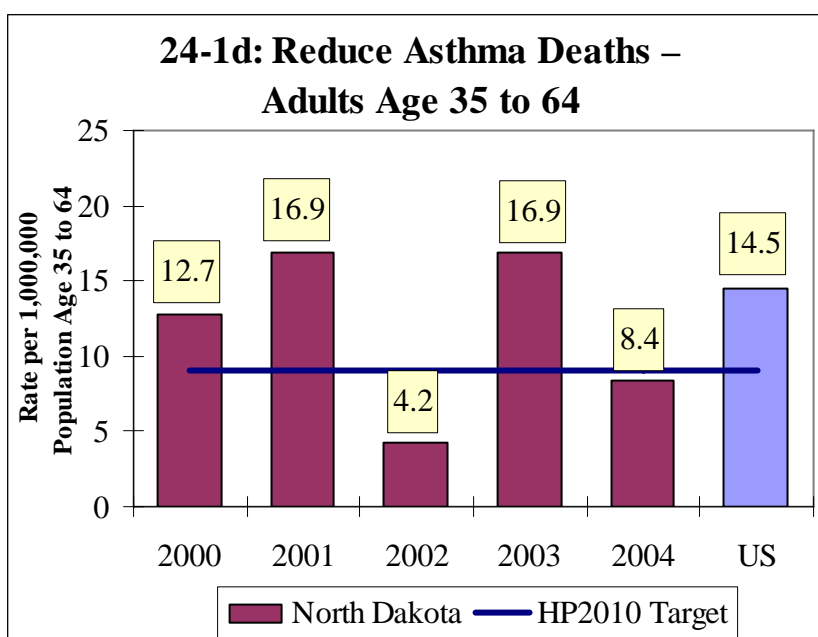
24-1e: Reduce Asthma Deaths – Adults Age 65 and Older

Rate per 1,000,000 Population Age 65 and Older

Year	Value
2000	105.8
2001	31.8
2002	127.0
2003	105.8
2004	63.5
US	58.1

Legend: North Dakota — HP2010 Target
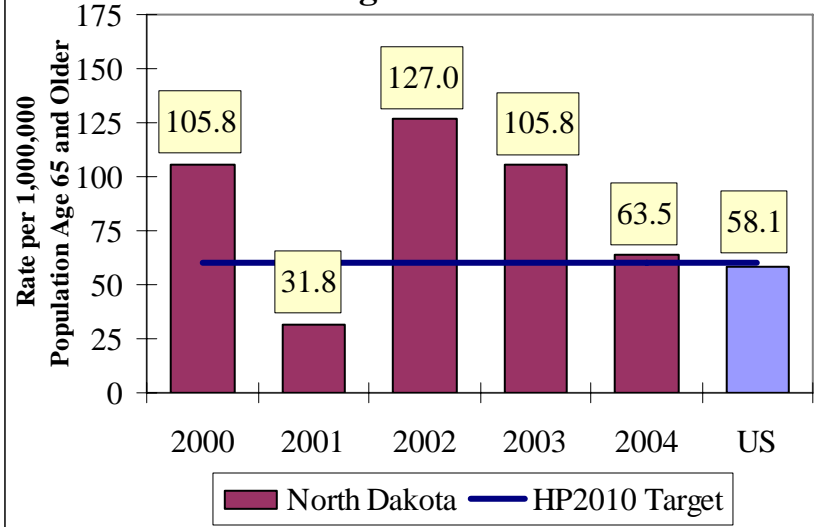
24-1e: Deaths From Asthma – Adults Age 65 and Older

HP2010 Target:
Reduce the rate of death from asthma among adults age 65 and older to no more than 60 deaths per 1,000,000 population age 65 and older.

Numerator:
Number of asthma deaths among adults age 65 and older

Denominator:
Number of adults age 65 and older

North Dakota Data Source:
North Dakota Department of Health Division of Vital Records

24-10: Reduce COPD Deaths – Adults Age 45 and Older

Age-Adjusted Rate per 100,000 Population Age 45 and Older

Year	Value
2000	95.1
2001	98.7
2002	103.7
2003	110.7
2004	99.9
US	118.9

Legend: North Dakota — HP2010 Target
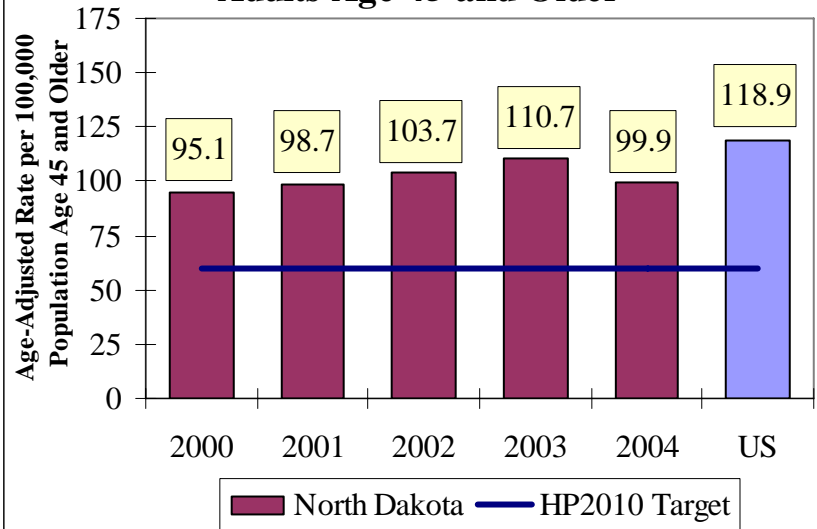
24-10: Deaths From Chronic Obstructive Pulmonary Disease (COPD), age-adjusted rate per 100,000 population age 45 and older

HP2010 Target:
Reduce the rate of death from COPD among adults age 45 and older to no more than 60 deaths per 100,000 population age 45 and older.

Numerator:
Number of COPD deaths among adults age 45 and older

Denominator:
Number of adults age 45 and older

North Dakota Data Source:
North Dakota Department of Health Division of Vital Records

Focus Area 25: Sexually Transmitted Diseases

Goal

Promote responsible sexual behaviors, strengthen community capacity and increase access to quality services to prevent sexually transmitted diseases and their complications.

Overview

Sexually transmitted diseases (STDs) refer to the more than 25 infectious organisms transmitted primarily through sexual activity. STD prevention as an essential primary care strategy is integral to improving reproductive health.

STDs cause many harmful, often irreversible and costly clinical complications, such as reproductive health problems, fetal and perinatal health problems, and cancer. In addition, studies of the worldwide human immunodeficiency virus (HIV) pandemic link other STDs to a causal chain of events in the sexual transmission of HIV infection.

In North Dakota, rates of gonorrhea and syphilis remain well below the rates in the United States.

Objectives

25-2: Gonorrhea

25-3: Primary and secondary syphilis

25-11: Responsible adolescent sexual behavior

25-2: Gonorrhea

HP2010 Target:
Reduce new cases of gonorrhea to 19 per 100,000 population.

Numerator:
Number of new reported cases of gonorrhea in the past 12 months

Denominator:
Number of people in the population

North Dakota Data Source:
North Dakota STD Program

25-2: Reduce Rate of Gonorrhea

Rate per 100,000 Population

Year	North Dakota
2000	11.4
2001	8.7
2002	11.2
2003	16.3
2004	17.5
US	125.0

North Dakota ■   HP2010 Target ▬▬
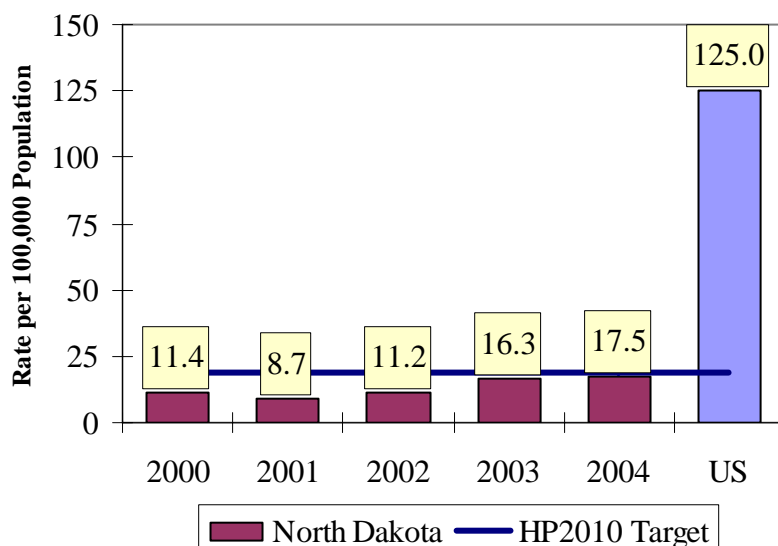
25-3: Primary and Secondary Syphilis

HP2010 Target:
Reduce new cases of primary and secondary syphilis to 0.2 per 100,000 population.

Numerator:
Number of new reported cases of primary and secondary syphilis in the past 12 months

Denominator:
Number of people in the population

North Dakota Data Source:
North Dakota STD Program

25-3: Reduce Rate of Syphilis
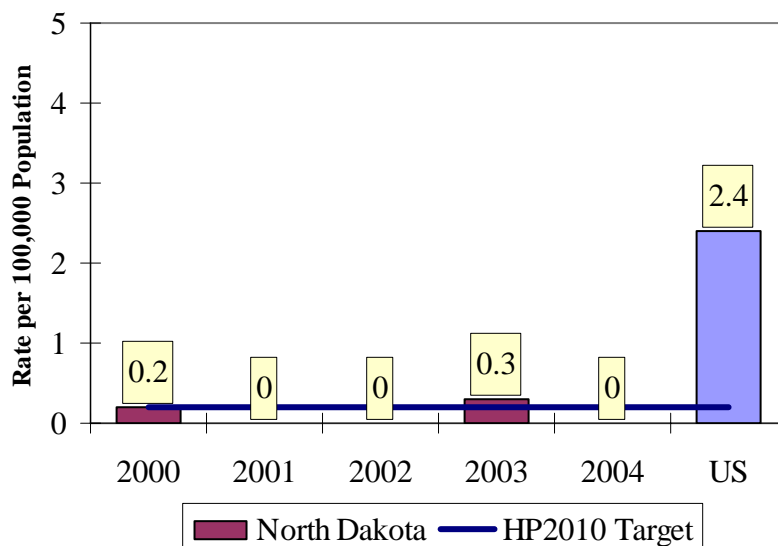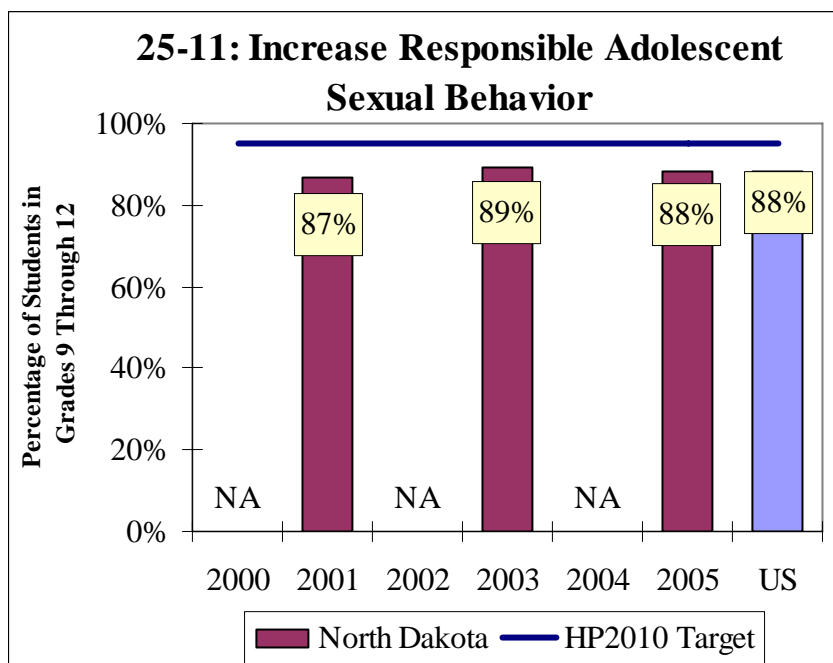
Rate per 100,000 Population

Year	North Dakota
2000	0.2
2001	0
2002	0
2003	0.3
2004	0
US	2.4

North Dakota ■   HP2010 Target ▬▬

25-11: Increase Responsible Adolescent Sexual Behavior

Percentage of Students in Grades 9 Through 12

NA (2000) | 87% (2001) | NA (2002) | 89% (2003) | NA (2004) | 88% (2005) | 88% (US)

Legend: North Dakota — HP2010 Target

Focus Area 26: Substance Abuse

Goal

Reduce substance abuse to protect the health, safety and quality of life for all, especially children.

Overview

Substance abuse and its related problems are among society's most pervasive health and social concerns. Each year, about 100,000 deaths in the United States are related to alcohol consumption.

A substantial proportion of the population drinks alcohol. In 2003, 57 percent of adults reported having consumed 1 or more alcoholic drinks in the past 30 days. Fifteen percent of adults reported having consumed five or more drinks on a single day at least once in the past year and nearly 5 percent of adults reported heavy drinking. That is, having consumed an average of more than two drinks per day for men or an average of more than one drink per day for women.

Alcohol use and alcohol-related problems are also common among adolescents. Age at onset of drinking strongly predicts development of alcohol dependence over the course of the lifespan. In 2003, 28 percent of adolescents reported drinking before age 13, and 45 percent of adolescents who had ever tried alcohol reported drinking alcohol in the previous 30 days.

In North Dakota, 49 percent of adolescents who had ever tried alcohol were current drinkers in 2005, and 57 percent of adults who had ever tried alcohol were current drinkers in 2004. In addition, more than 20 percent of adults reported consuming five or more drinks (binge drinking) on a single occasion at least once in the previous year in 2004, while 34 percent of adolescents reported binge drinking in 2005.

Objectives

26-2: Cirrhosis deaths

26-3: Drug-induced deaths

26-6: Adolescents riding with a driver who has been drinking

26-11a: High school seniors binge drinking

26-11c: Adult binge drinking

26-2: Cirrhosis Deaths, age-adjusted rate per 100,000 population

HP2010 Target:
Reduce cirrhosis deaths to no more than three deaths per 100,000 population.

Numerator:
Number of deaths due to cirrhosis

Denominator:
Number of people in the population

North Dakota Data Source:
North Dakota Department of Health Division of Vital Records

26-2: Reduce Cirrhosis Deaths

Age-Adjusted Rate per 100,000 Population

Year	Value
2000	7.6
2001	10.2
2002	9.6
2003	13.0
2004	8.6
US	9.4

Legend: North Dakota — HP2010 Target
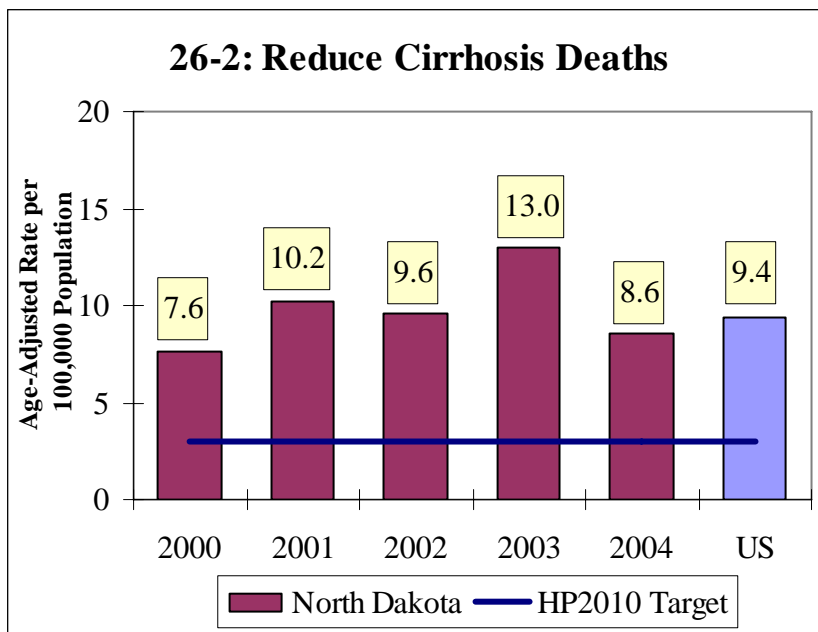
26-3: Drug-induced Deaths, age-adjusted rate per 100,000 population

HP2010 Target:
Reduce drug-induced deaths to no more than one death per 100,000 population.

Numerator:
Number of drug-induced deaths

Denominator:
Number of people in the population

North Dakota Data Source:
North Dakota Department of Health Division of Vital Records

26-3: Reduce Drug-Induced Deaths

Age-Adjusted Rate per 100,000 Population

Year	Value
2000	2.2
2001	3.3
2002	2.8
2003	3.4
2004	3.1
US	9.0

Legend: North Dakota — HP2010 Target

78

26-6: Reduce Adolescents Riding With a Driver Who Has Been Drinking

Percentage of Students in Grades 9 Through 12

Year	Value
2000	NA
2001	44%
2002	NA
2003	43%
2004	NA
2005	37%
US	30%

Legend: North Dakota ■ — HP2010 Target
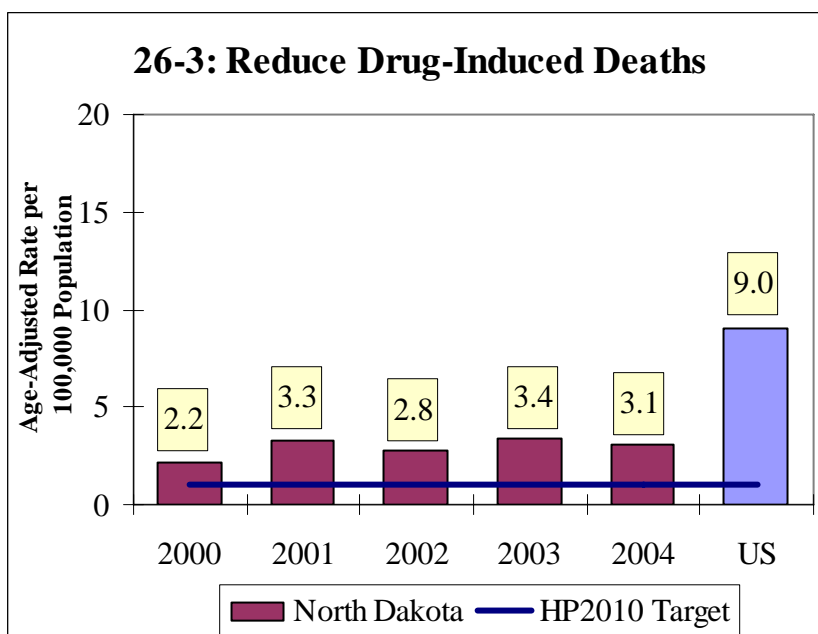
26-6: Adolescents Riding With a Driver Who Has Been Drinking

HP2010 Target:
Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol to no more than 30 percent.

Numerator:
Number of students in grades nine through 12 who report riding, at least once during the 30 days preceding the survey, with a driver who had been drinking alcohol

Denominator:
Number of students in grades nine through 12

North Dakota Data Source:
Youth Risk Behavior Survey

26-11a: Reduce Binge Drinking Among High School Seniors

Percentage of Students in Grade 12

Year	Value
2000	NA
2001	57%
2002	NA
2003	56%
2004	NA
2005	46%
US	37%

Legend: North Dakota ■ — HP2010 Target
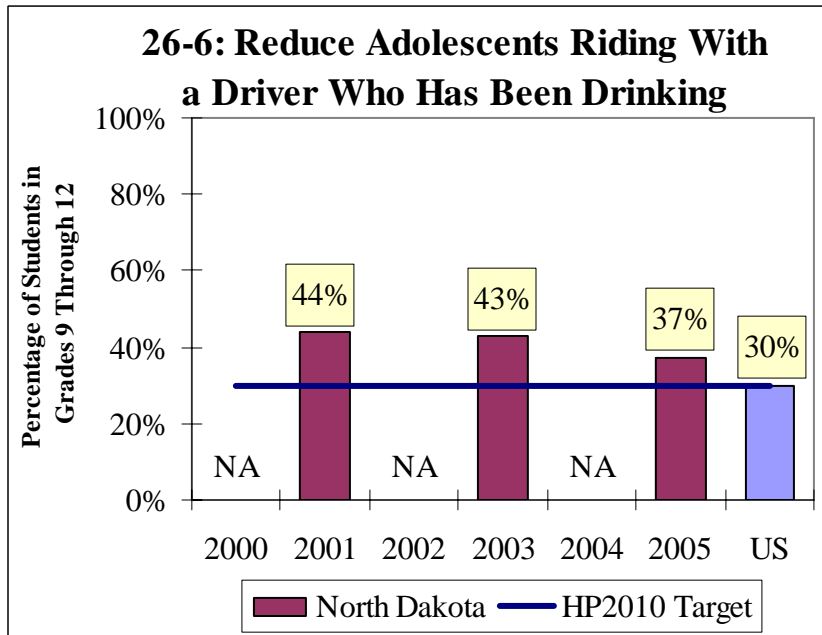
26-11a: High School Seniors Binge Drinking

HP2010 Target:
Reduce the proportion of high school seniors engaging in binge drinking to no more than 11 percent.

Numerator:
Number of 12th grade students who report drinking five or more alcoholic beverages in a row during the two weeks prior to the survey

Denominator:
Number of 12th grade students

North Dakota Data Source:
Youth Risk Behavior Survey
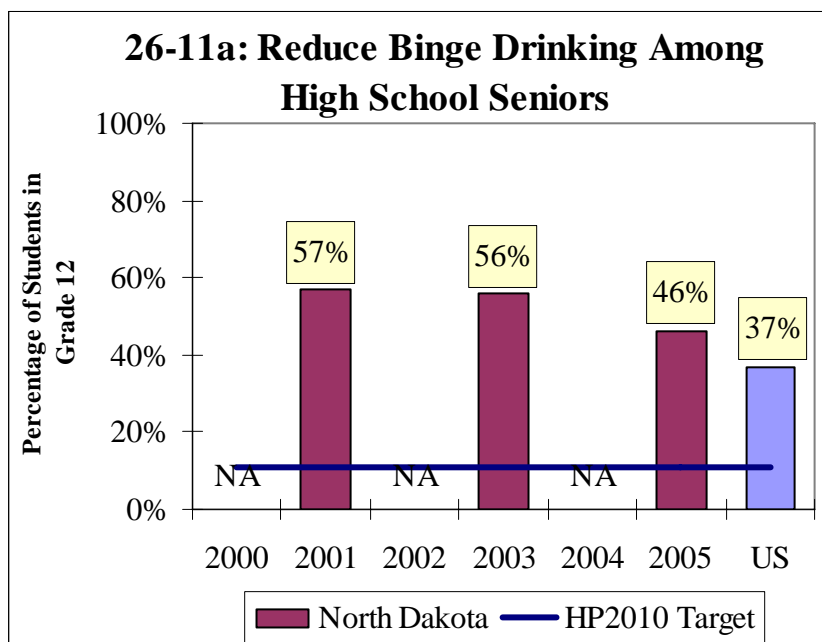
26-11c: Adult Binge Drinking

HP2010 Target:
Reduce the proportion of adults age 18 and older engaging in binge drinking to no more than six percent.

Numerator:
Number of adults age 18 and older who report having five or more alcoholic beverages at the same time or within a couple of hours of each other during the 30 days prior to the survey
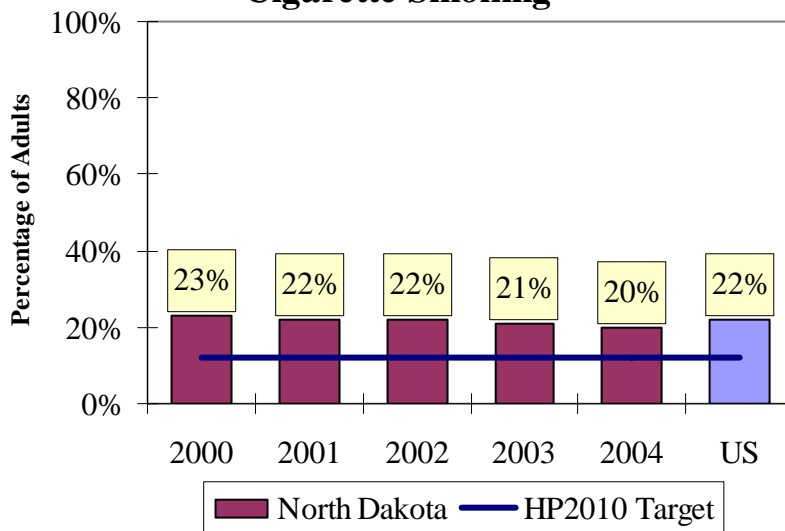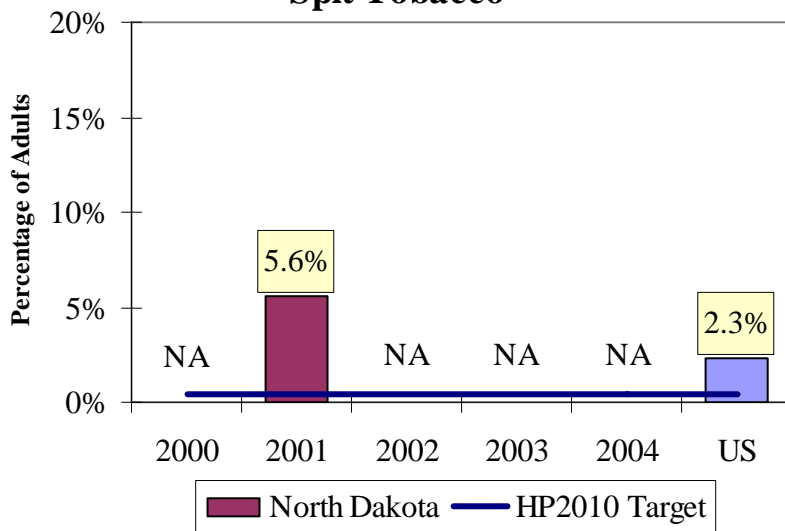
Denominator:
Number of adults age 18 and older

North Dakota Data Source:
Behavioral Risk Factor Surveillance System

26-11c: Reduce Binge Drinking Among Adults

Percentage of Adults

Year	North Dakota
2000	NA
2001	22%
2002	22%
2003	21%
2004	20%
US	17%

Legend: North Dakota ■ HP2010 Target ▬
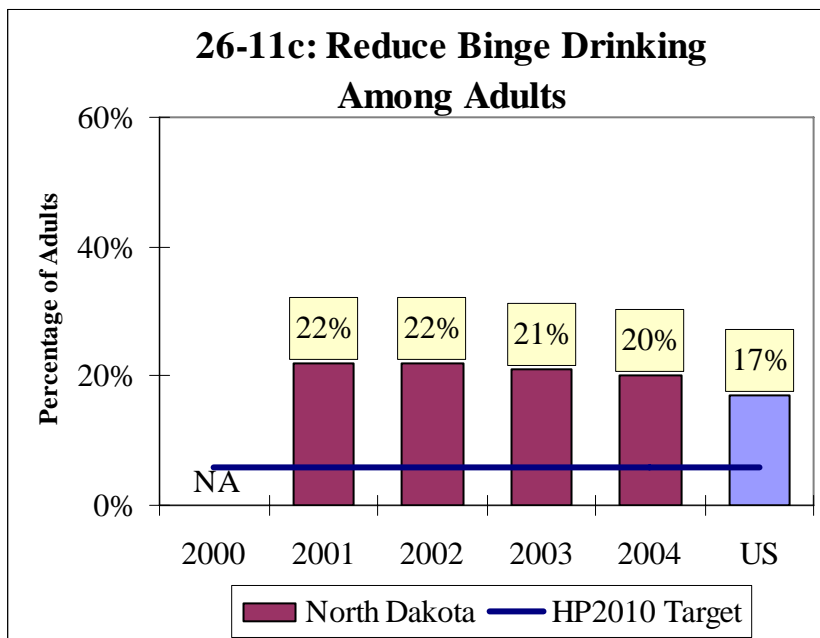
Focus Area 27: Tobacco Use

Goal

Reduce illness, disability and death related to tobacco use and exposure to secondhand smoke.

Overview

Cigarette smoking is the single most preventable cause of disease and death in the United States. Smoking results in more deaths each year in the United States than AIDS, alcohol, cocaine, heroin, homicide, suicide, motor vehicle crashes and fires — combined.

Tobacco-related deaths number more than 430,000 per year among U.S. adults, representing more than 5 million years of potential life lost. Direct medical costs attributable to smoking total at least $50 billion per year.

In 2003, 22 percent of adolescents in the United States were current cigarette smokers and in 2004, 21 percent of adults were current cigarette smokers.

Smoking is a major risk factor for heart disease, stroke, lung cancer and chronic lung diseases — all leading causes of death. Smoking during pregnancy can result in miscarriages, premature delivery and sudden infant death syndrome.

Secondhand smoke increases the risk of heart disease and significant lung conditions, especially asthma and bronchitis in children, and is responsible for an estimated 3,000 lung cancer deaths each year among adult nonsmokers.

In North Dakota, 22 percent of adolescents were current smokers in 2005 and 20 percent of adults were current smokers in 2004. In addition, smoking-attributable deaths average 874 per year among North Dakota adults, representing $179 million in lost productivity and more than 11,000 years of potential life lost. Direct medical costs attributable to smoking in North Dakota are estimated to be $194 million per year.

Objectives

27-1a: Adult tobacco use – Cigarette smoking

27-1b: Adult tobacco use – Spit tobacco

27-2b: Adolescent tobacco use – Cigarettes

27-2c: Adolescent tobacco use – Spit tobacco

27-7: Smoking cessation by adolescents

27-1a: Adult Tobacco Use – Cigarette Smoking

HP2010 Target:
Reduce adult cigarette smoking to no more than 12 percent.

Numerator:
Number of adults age 18 and older who have smoked at least 100 cigarettes in their lifetime and who now report smoking cigarettes every day or some days

Denominator:
Number of adults age 18 years and older

North Dakota Data Source:
Behavioral Risk Factor Surveillance System

27-1a: Reduce Adult Tobacco Use – Cigarette Smoking

Percentage of Adults

Year	North Dakota
2000	23%
2001	22%
2002	22%
2003	21%
2004	20%
US	22%

Legend: North Dakota, HP2010 Target

27-1b: Adult Tobacco Use – Spit Tobacco

HP2010 Target:
Reduce adult spit tobacco use to no more than 0.4 percent.

Numerator:
Number of adults age 18 and older who report using snuff or chewing tobacco at least 20 times in their lifetime and now use it every day or some days

Denominator:
Number of adults age 18 and older

North Dakota Data Source:
Behavioral Risk Factor Surveillance System

27-1b: Reduce Adult Tobacco Use – Spit Tobacco

Percentage of Adults

Year	North Dakota
2000	NA
2001	5.6%
2002	NA
2003	NA
2004	NA
US	2.3%

Legend: North Dakota, HP2010 Target

83

27-2b: Reduce Adolescent Tobacco Use – Cigarette Smoking in Past 30 Days

Percentage of Students in Grades 9 through 12

	2000	2001	2002	2003	2004	2005	US
North Dakota	NA	35%	NA	30%	NA	22%	22%

Legend: ■ North Dakota ▬ HP2010 Target
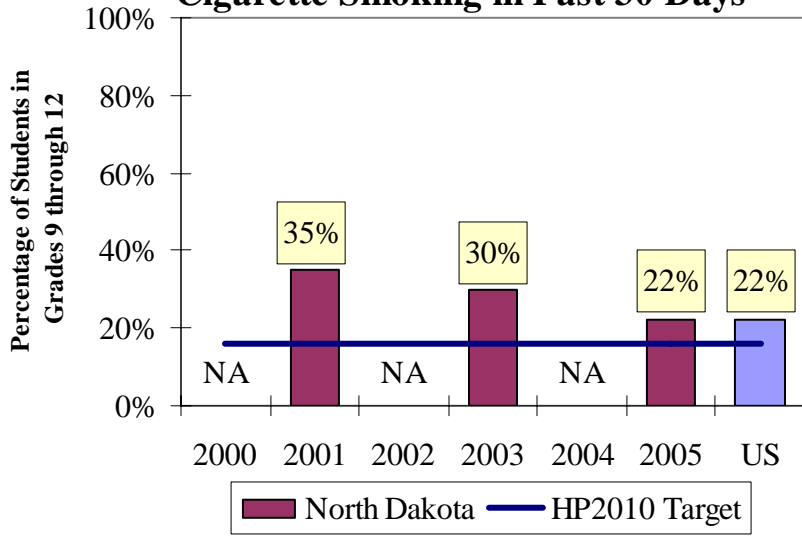
27-2b: Adolescent Tobacco Use – Cigarette Smoking

HP2010 Target:
Reduce adolescent cigarette smoking to no more than 16 percent.

Numerator:
Number of students in grades nine through 12 who reported having smoked cigarettes on one or more of the 30 days preceding the survey

Denominator:
Number of students in grades nine through 12

North Dakota Data Source:
Youth Risk Behavior Survey

27-2c: Reduce Adolescent Tobacco Use – Spit Tobacco

Percentage of Students in Grades 9 through 12

	2000	2001	2002	2003	2004	2005	US
North Dakota	NA	13%	NA	10%	NA	11%	7%

Legend: ■ North Dakota ▬ HP2010 Target
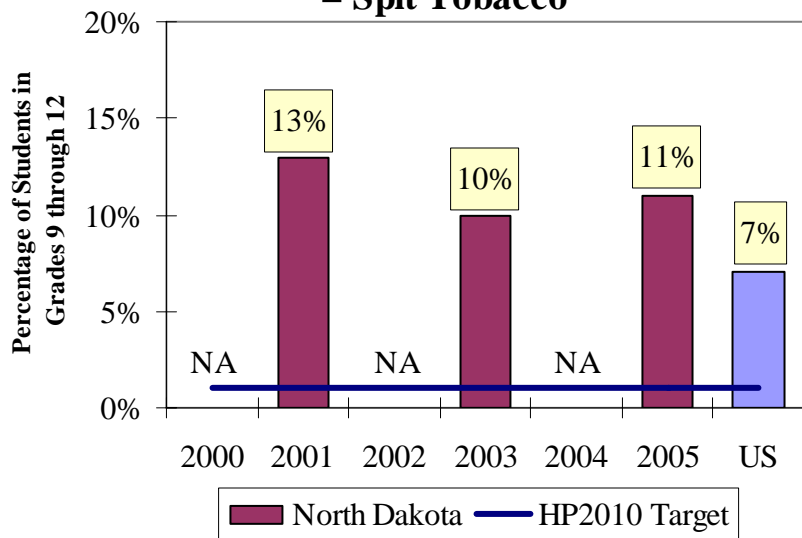
27-2c: Adolescent Tobacco Use – Spit Tobacco

HP2010 Target:
Reduce adolescent spit tobacco use to no more than 1 percent.

Numerator:
Number of students in grades nine through 12 who reported having used smokeless (chewing tobacco or snuff) tobacco on one or more of the 30 days preceding the survey

Denominator:
Number of students in grades nine through 12

North Dakota Data Source:
Youth Risk Behavior Survey

27-7: Smoking Cessation by Adolescents

HP2010 Target:
Increase tobacco use cessation attempts among adolescent smokers to 84 percent.

Numerator:
Number of students in grades nine through 12 who ever smoked at least one cigarette every day for 30 days and ever tried to quit smoking cigarettes

Denominator:
Number of students in grades nine through 12 who ever smoked at least one cigarette every day for 30 days

North Dakota Data Source:
Youth Risk Behavior Survey

27-7: Increase Smoking Cessation Attempts by Adolescents

Percentage of Students in Grades 9 through 12 Who Ever Smoked Regularly

Year	North Dakota
2000	NA
2001	58%
2002	NA
2003	58%
2004	NA
2005	65%
US	60%

HP2010 Target

Legend: North Dakota | HP2010 Target
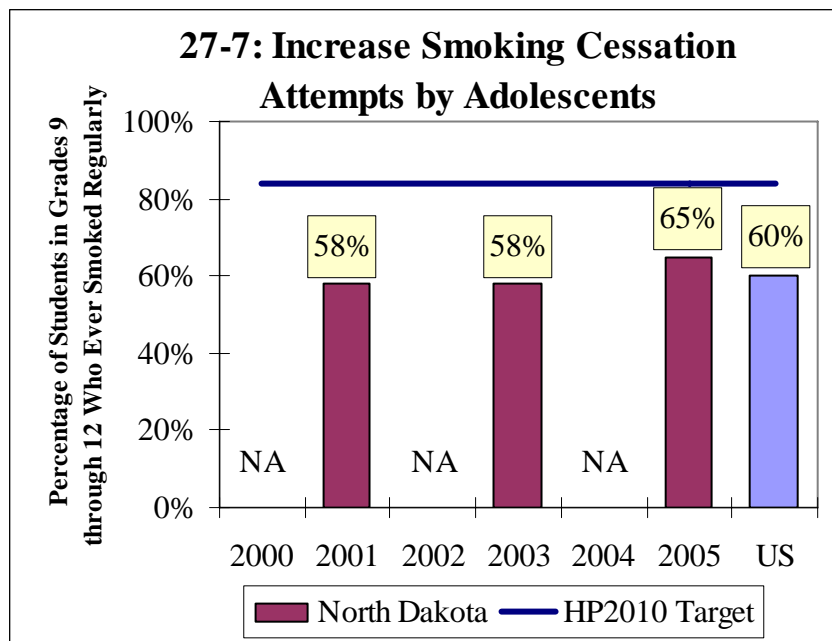
Future Direction

The North Dakota Department of Health continues to work toward improving the health of North Dakota citizens. Healthy People 2010 provides a model of health objectives to be targeted throughout the decade.

The **Healthy North Dakota** initiative is key to efforts in the state to reach the targets set forth by Healthy People 2010.

Healthy North Dakota is …

A framework supporting North Dakotans in their efforts to make healthy choices by focusing on wellness and prevention – in schools, workplaces, senior centers, homes and anywhere people live work and play.

Note on Age-Adjusting

Age-Adjusted Rate – A rate is modified to take into account the ages of a group of individuals so that rates from different populations can be compared and the effect of the ages of the people in the population is removed. All age-adjusted death rates are adjusted to the U.S. 2000 population standard.

Data Sources

**North Dakota
Department of Health**

- Division of Vital Records

- Behavioral Risk Factor Surveillance Survey (BRFSS)

- Youth Risk Behavior Survey (YRBS)

- New Mothers Survey

- Pregnancy Risk Assessment Monitoring System (PRAMS)

- North Dakota HIV/AIDS Program

- North Dakota Immunization Program

- North Dakota Sexually Transmitted Disease Program

- North Dakota Tuberculosis Program

U.S. Department of Health and Human Services Publications

- Tracking Healthy People 2010

- Healthy People 2010: Understanding and Improving Health

U.S. Centers for Disease Control and Prevention

- National Electronic Telecommunications System for Surveillance (NETSS)

- National Center for Health Statistics

- National Immunization Survey

Table 1

Summary of Objectives

3. Cancer		HP 2010 Target	US †	ND 2000	ND 2004	ND Status
3-1: Overall cancer deaths – reduce	Rate per 100,000 population (age adjusted)	159.9	193.5	183.4	169.4	👍
3-2: Lung cancer deaths – reduce	Rate per 100,000 population (age adjusted)	44.9	54.9	44.5	44.2	★
3-3: Breast cancer deaths – reduce	Rate per 100,000 female population (age adjusted)	22.3	25.6	25.4	22.7	👍
3-4: Cervical cancer deaths – reduce	Rate per 100,000 female population (age adjusted)	2.0	2.6	2.3	1.2	★
3-5: Colorectal cancer deaths – reduce	Rate per 100,000 population (age adjusted)	13.9	19.7	20.2	17.3	👍
3-6: Oropharyngeal cancer deaths – reduce	Rate per 100,000 population (age adjusted)	2.7	2.7	2.9	2.2	★
3-7: Prostate cancer deaths – reduce	Rate per 100,000 male population (age adjusted)	28.8	27.9	31.9	27.1	★
3-8: Melanoma deaths – reduce	Rate per 100,000 population (age adjusted)	2.5	2.6	1.5	2.5	★
3-11a: Pap tests – Ever received – increase	Percentage of women ∗	97%	93%	94%	94%	—

★ Target reached   👍 Moving toward target   👎 Moving away from target   — No change

3-11b: Pap tests – Received within the preceding three years – increase	Percentage of women *	90%	81%	80%	80%	─
3-12a: Colorectal cancer screening – Fecal occult blood test within the preceding two years – increase	Percentage of adults age 50 and older *	50%	33%	26% [01]	21%	🖓
3-12b: Colorectal cancer screening – Sigmoidoscopy ever received – increase	Percentage of adults age 50 and older *	50%	39%	51% [01]	54%	★
3-13: Mammograms within the preceding two years– increase	Percentage of women age 40 and older	70%	70%	76%	72%	★
5. Diabetes		**HP 2010 Target**	**US †**	**ND 2000**	**ND 2004**	**ND Status**
5-1: Diabetes education – increase	Percentage of adults with diabetes *	60%	55%	58%	56% [03]	🖓
5-2: New cases of diabetes – reduce	Rate per 1,000 population *	2.5	6.4	5.0	8.6 [03]	🖓
5-3: Overall cases of diagnosed diabetes – reduce	Rate per 1,000 population*	25	49	40	45	🖓
5-5: Diabetes deaths – reduce	Rate per 100,000 population (age adjusted)	45	78	68	80	🖓
5-6: Diabetes-related deaths – reduce	Rate per 1,000 population (age adjusted)	7.8	7.8	9.7	10.9	🖓
5-7: CVD deaths in persons with diabetes – reduce	Rate per 100,000 population (age adjusted)	309	275	360	343	👍

★ Target reached   👍 Moving toward target   🖓 Moving away from target   ─ No change

		HP 2010 Target	US †	ND 2000	ND 2004	ND Status
5-12: Glycosylated hemoglobin measurement at least two in past year – increase	Percentage of adults with diabetes *	65%	67%	71%	63% [03]	🖓
5-13: Annual dilated eye examinations – increase	Percentage of adults with diabetes *	75%	61%	76%	70% [03]	🖓
5-14: Annual foot examinations – increase	Percentage of adults with diabetes *	75%	67%	80%	75% [03]	★
5-17: Self-monitoring of blood glucose at least daily – increase	Percentage of adults with diabetes *	60%	58%	64%	58% [03]	🖓
9. Family Planning		**HP 2010 Target**	**US †**	**ND 2000**	**ND 2004**	**ND Status**
9-1: Proportion of pregnancies that are intended – increase	Percentage of live births	70%	51%	60% [99]	64% [02]	👍
9-2: Birth spacing within 24 months of a previous birth – reduce	Percentage of females age 15 to 44 with a live birth during the year and at least one previous live birth	6%	18%	23%	29%	🖓
9-7: Adolescent pregnancy – reduce	Pregnancy rate per 1,000 adolescent females age 15 to 17 years	43	54	16.3	12.4	★
10. Food Safety		**HP 2010 Target**	**US †**	**ND 2000**	**ND 2004**	**ND Status**
10-1a: Reduce infections caused by key foodborne pathogens – Campylobacter species	Rate per 100,000 population	12.3	13.3	16.5	16.4	👍

★ Target reached　　👍 Moving toward target　　🖓 Moving away from target　　– No change

		HP 2010 Target	US †	ND 2000	ND 2004	ND Status
10-1b: Reduce infections caused by key foodborne pathogens – Escherichia coli O157:H7	Rate per 100,000 population	1.0	1.7	3.6	2.3	👍
10-1d: Reduce infections caused by key foodborne pathogens – Salmonella species	Rate per 100,000 population	6.8	14.5	11.4	6.7	👍
12. Heart Disease and Stroke		**HP 2010 Target**	**US †**	**ND 2000**	**ND 2004**	**ND Status**
12-1: Coronary heart disease (CHD) deaths – reduce	Rate per 100,000 population (age adjusted)	166	180	217	185	👍
12-7: Stroke deaths – reduce	Rate per 100,000 population (age adjusted)	48	56	55	56	👎
12-9: High blood pressure – reduce	Percentage of adults *	16%	30%	24% [01]	24% [03]	—
12-14: High blood cholesterol – reduce	Percentage of adults screened *	17%	33%	30% [01]	33% [03]	👎
12-15: Blood cholesterol screening within five years – increase	Percentage of adults *	80%	67%	71% [01]	70% [03]	👎
13. HIV		**HP 2010 Target**	**US †**	**ND 2000**	**ND 2004**	**ND Status**
13-1: New AIDS cases – reduce	Rate per 100,000 population	1.0	18.6	.62	.77 [03]	★
13-14: HIV-infection deaths – reduce	Rate per 100,000 population (age adjusted)	0.7	4.9	0.8	0.5	★

★ Target reached   👍 Moving toward target   👎 Moving away from target   — No change

90

14. Immunization and Infectious Diseases		HP 2010 Target	US †	ND 2000	ND 2004	ND Status
14-1f: Mumps cases – reduce	Number	0	253	1	1	─
14-1g: Pertussis cases in children younger than 7 – reduce	Number	2,000 US 5 ND	4,109	4	145	👎
14-2: Hepatitis B in infants and young children age 2 and younger – reduce	Number	400 US 1 ND	826	1	0	★
14-3a: Hepatitis B in adults age 19 to 24 – reduce	Rate per 100,000 population age 19 to 24 years	2.4	12	3.2	0 [03]	★
14-3b: Hepatitis B in adults age 25 to 39 – reduce	Rate per 100,000 population age 25 to 39 years	5.1	14.4	0	0 [03]	★
14-3c: Hepatitis B in adults age 40 and older – reduce	Rate per 100,000 population age 40 and older	3.8	12.2	0.35	0.7 [03]	★
14-5a: New invasive pneumococcal infections – Children younger than 5 – reduce	Rate per 100,000 population younger than 5	46	40	13	23 [03]	★
14-5b: New invasive pneumococcal infections – Adults age 65 and older – reduce	Rate per 100,000 population age 65 and older	42	51	16	33 [03]	★
14-5c: Invasive penicillin-resistant pneumococcal infections – younger than 5 – reduce	Rate per 100,000 population younger than 5	6	9	10	5 [03]	★

★ Target reached   👍 Moving toward target   👎 Moving away from target   ─ No change

14. Immunization and Infectious Diseases		HP 2010 Target	US †	ND 2000	ND 2004	ND Status
14-5d: Invasive penicillin-resistant pneumococcal infections – age 65 and older – reduce	Rate per 100,000 population age 65 and older	7	9	2	1.1 [03]	★
14-6: Hepatitis A – reduce	Rate per 100,000 population	4.5	3.7	1.1	0.3 [03]	★
14-7: Meningococcal disease – reduce	Rate per 100,000 population	1.0	0.8	0.3	0.2 [03]	★
14-8: Lyme disease – reduce	Rate per 100,000 population (US – five year average)	9.7	23.9	0.3	0 [03]	★
14-9: Hepatitis C – reduce	Rate per 100,000 population	1.0	1.4	0.15	0 [03]	★
14-11: Tuberculosis – reduce	Rate per 100,000 population	1.0	5.8	0.8	0.9 [03]	★
14-16: Invasive early onset group B streptococcal disease – reduce	Rate per 1,000 live births	0.5	0.4	0.4	0.4 [03]	★
14-22a: Four doses diphtheria/tetanus/pertussis (DTaP) – Children 19 to 35 months – increase	Percentage of children age 19 to 35 months	90%	82%	86%	86%	—
14-22b: Three doses Haemophilus influenzae type b (Hib) – Children 19 to 35 months – increase	Percentage of children age 19 to 35 months	90%	93%	96%	96%	★
14-22c: Three doses hepatitis B (hep B) vaccine – Children 19 to 35 months – increase	Percentage of children age 19 to 35 months	90%	90%	96%	94%	★

★ Target reached   👍 Moving toward target   👎 Moving away from target   — No change

14. Immunization and Infectious Diseases		HP 2010 Target	US †	ND 2000	ND 2004	ND Status
14-22d: One dose measles/mumps /rubella (MMR) vaccine – Children 19 to 35 months – increase	Percentage of children age 19 to 35 months	90%	92%	92%	93%	★
14-22e: Three doses polio vaccine – Children 19 to 35 months – increase	Percentage of children age 19 to 35 months	90%	90%	91%	92%	★
14-22f: One dose varicella vaccine – Children 19 to 35 months – increase	Percentage of children age 19 to 35 months	90%	81%	59%	80%	👍
14-23f: Diphtheria/tetanus /pertussis (DTaP) vaccine – K through first grade – increase	Percentage of children in kindergarten or first grade (US – two year average)	95%	96%	98%	98% [03]	★
14-23g: Measles/mumps/rubella vaccines – K through first grade – increase	Percentage of children in kindergarten or first grade (US – two year average)	95%	93%	97%	96% [03]	★
14-23h: Polio vaccine – K through first grade – increase	Percentage of children in kindergarten or first grade (US – two year average)	95%	96%	99.7%	98.2% [03]	★
14-23i: Hepatitis B vaccine – K through first grade – increase	(developmental)	95%	NA	99.1%	97.7% [03]	★
14-24a: Fully immunized children – Age 19 to 35 months – increase	Percentage of children age 19 to 35 months	80%	75%	80%	82%	★
14-27b: Measles/mumps/rubella – Adolescents – increase	Percentage of adolescents age 13 to 15 years	90%	92%	99.3%	98.7% [03]	★

★ Target reached   👍 Moving toward target   👎 Moving away from target   – No change

14-27c: Tetanus/diphtheria booster – Adolescents – increase	Percentage of adolescents age 13 to 15	90%	91%	99.1%	99.1% [03]	★
14-29a: Influenza vaccine – Adults 65 and older – increase	Percentage of adults age 65 and older *	90%	66%	69%	74%	👍
14-29b: Pneumococcal vaccine – Adults 65 and older – increase	Percentage of adults age 65 and older *	90%	56%	63%	70%	👍
15. Injury and Violence Prevention		**HP 2010 Target**	**US †**	**ND 2000**	**ND 2004**	**ND Status**
15-13: Deaths from unintentional injuries – reduce	Rate per 100,000 population (age adjusted)	17.5	36.9	36.9	38.8	👎
15-32: Homicide – reduce	Rate per 100,000 population (age adjusted)	3.0	6.1	1.8	1.8	★
15-38: Physical fighting among adolescents – reduce	Percentage of students in grades nine through 12	32%	33%	28% [01]	27% [03]	★
15-39: Weapon carrying by adolescents on school property – reduce	Percentage of students in grades nine through 12	4.9%	6.1%	6.4% [01]	6.0% [05]	👍

★ Target reached   👍 Moving toward target   👎 Moving away from target   – No change

16. Maternal, Infant and Child Health		HP 2010 Target	US †	ND 2000	ND 2004	ND Status
16-1a: Fetal deaths at 20 or more weeks of gestation – reduce	Rate per 1,000 live births plus fetal deaths	4.1	6.4	6.0	4.5	👍
16-1b: Perinatal deaths – reduce	Rate per 1,000 live births plus fetal deaths	4.5	6.9	8.1	10.0	👎
16-1c: Infant deaths – reduce	Rate per 1,000 live births	4.5	7.0	8.0	5.5	👍
16-1d: Neonatal deaths – reduce	Rate per 1,000 live births	2.9	4.7	5.5	4.4	👍
16-1e: Postneonatal deaths – reduce	Rate per 1,000 live births	1.2	2.3	2.5	1.1	★
16-1f: All birth defects – reduce	Rate per 1,000 live births	1.1	1.4	1.6	1.5	👍
16-1g: Congenital heart defects – reduce	Rate per 1,000 live births	0.38	.43	.65	.49	👍
16-1h: SIDS deaths – reduce	Rate per 1,000 live births	0.25	.57	1.17	.24	★
16-2a: Child deaths age 1 to 4 – reduce	Rate per 100,000 population age 1 to 4	18.6	31.2	9.5	31.5	👎
16-2b: Child deaths age 5 to 9 – reduce	Rate per 100,000 population age 5 to 9	12.3	15.2	11.6	16.3	👎
16-3a: Adolescent deaths age 10 to 14 – reduce	Rate per 100,000 population age 10 to 14	16.8	19.5	31.6	23.2	👍
16-3b: Adolescent deaths age 15 to 19 – reduce	Rate per 100,000 population age 15 to 19	39.8	67.8	52.2	52.2	—

★ Target reached   👍 Moving toward target   👎 Moving away from target   – No change

16. Maternal, Infant and Child Health		HP 2010 Target	US †	ND 2000	ND 2004	ND Status
16-3c: Young adult deaths age 20 to 24 – reduce	Rate per 100,000 population age 20 to 24	49.0	95.2	81.2	55.6	👍
16-4: Maternal deaths – reduce	Ratio per 100,000 live births	3.3	8.9	13.0	0	★
16-6a: Prenatal care first trimester – increase	Percentage of live births	90%	84%	85%	85%	—
16-6b: Prenatal care early and adequate – increase	Percentage of live births	90%	75%	71%	88%	👍
16-9a: Cesarean births – First-time births – reduce	Percentage of births to low-risk females giving birth for the first time	15%	22%	18%	22%	👎
16-9b: Cesarean births – Prior cesarean deliveries – reduce	Percentage of births to low-risk females who previously delivered an infant by cesarean	63%	87%	48%	49%	👎
16-10a: Low birth weight – reduce	Percentage of live births	5%	7.8%	6.4%	6.6%	👎
16-10b: Very low birth weight – reduce	Percentage of live births	0.9%	1.5%	1.2%	1.4%	👎
16-11a: Total preterm births – reduce	Percentage of live births	7.6%	12.1%	8.8%	10.2%	👎
16-11b: Preterm births – 32 to 36 weeks gestation – reduce	Percentage of live births	6.4%	10.1%	7.6%	8.6%	👎
16-11c: Preterm births – Less than 32 weeks gestation – reduce	Percentage of live births	1.1%	2.0%	1.3%	1.6%	👎

★ Target reached   👍 Moving toward target   👎 Moving away from target   — No change

		HP 2010 Target	US †	ND 2000	ND 2004	ND Status
16-16a: Folic acid consumption – increase	Percentage of non-pregnant females age 15 to 44	80%	21%	44% [01]	54%	👍
16-17c: Increase abstinence from prenatal substance exposure – Cigarette smoking	Percentage of live births	99%	89%	82%	84%	👍
16-19a: Breastfeeding – Early postpartum (prior to hospital discharge after birth) – increase	Percentage of mothers of infants age 1 to 12 months	75%	70%	62%	61%	👎
18. Mental Health and Mental Disorders		**HP 2010 Target**	**US †**	**ND 2000**	**ND 2004**	**ND Status**
18-1: Suicide – reduce	Rate per 100,000 population (age adjusted)	5.0	10.9	9.8	11.1	👎
18-2: Adolescent suicide attempts resulting in need for medical attention– reduce	Percentage of students in grades nine through 12	1%	2.9%	2.3% [01]	1.7% [05]	👍
19. Nutrition and Overweight		**HP 2010 Target**	**US †**	**ND 2000**	**ND 2004**	**ND Status**
19-1: Healthy weight in adults– increase	Percentage of adults	60%	34%	40%	37%	👎
19-2: Obesity in adults – reduce	Percentage of adults	15%	31%	20%	25%	👎
22. Physical Activity and Fitness		**HP 2010 Target**	**US †**	**ND 2000**	**ND 2004**	**ND Status**
22-1: No leisure-time physical activity – reduce	Percentage of adults *	20%	38%	24%	21%	👍
22-2: Moderate physical activity– increase	Percentage of adults *	50%	32%	47% [01]	48% [03]	👍

★ Target reached   👍 Moving toward target   👎 Moving away from target   – No change

22-3: Vigorous physical activity- increase	Percentage of adults *	30%	23%	24% [01]	27% [03]	👍
22-6: Moderate physical activity in adolescents- increase	Percentage of students in grades nine through 12	35%	25%	26% [01]	26% [05]	—
22-7: Vigorous physical activity in adolescents- increase	Percentage of students in grades nine through 12	85%	63%	60% [01]	63% [05]	👍
22-9: Daily physical education in schools- increase	Percentage of students in grades nine through 12	50%	28%	32% [01]	37% [05]	👍
22-10: Physical activity in physical education class- increase	Percentage of students in grades nine through 12	50%	39%	45% [01]	40% [05]	👎
22-11: Television viewing – two or fewer hours on a school day- increase	Percentage of students in grades nine through 12	75%	62%	74% [01]	76% [05]	★
24. Respiratory Diseases		HP 2010 Target	US †	ND 2000	ND 2004	ND Status
24-1c: Deaths from asthma – Adolescents and adults age 15 to 34 – reduce	Rate per 1,000,000 population age 15 to 34	2	5.0	0	5.5	👎
24-1d: Deaths from asthma – Adults age 35 to 64 – reduce	Rate per 1,000,000 population age 35 to 64	9	14.5	12.7	8.4	★
24-1e: Deaths from asthma – Adults age 65 and older – reduce	Rate per 1,000,000 population age 65 and older	60	58.1	105.8	63.5	👍
24-10: Deaths from COPD – Adults age 45 and older – reduce	Rate per 100,000 population age 45 and older (age adjusted)	60	118.9	95.1	99.9	👎

★ Target reached   👍 Moving toward target   👎 Moving away from target   – No change

98

25. Sexually Transmitted Diseases		HP 2010 Target	US †	ND 2000	ND 2004	ND Status
25-2: Gonorrhea – reduce	Rate per 100,000 population	19	125	11.4	17.5	★
25-3: Primary and secondary syphilis – reduce	Rate per 100,000 population	0.2	2.4	0.2	0	★
25-11: Responsible adolescent sexual behavior– increase	Percentage of students in grades nine through 12	95%	88%	87% [01]	88% [05]	👍
26. Substance Abuse		HP 2010 Target	US †	ND 2000	ND 2004	ND Status
26-2: Cirrhosis deaths – reduce	Rate per 100,000 population (age adjusted)	3	9.4	7.6	8.6	👎
26-3: Drug-induced deaths – reduce	Rate per 100,000 population (age adjusted)	1	9.0	2.2	3.1	👎
26-6: Adolescents riding with a driver who has been drinking – reduce	Percentage of students in grades nine through 12	30%	30%	44% [01]	37% [05]	👍
26-11a: High school seniors binge drinking – reduce	Percentage of students in grade 12	11%	37%	57% [01]	46% [05]	👍
26-11c: Adult binge drinking – reduce	Percentage of adults	6%	17%	22% [01]	20%	👍
27. Tobacco Use		HP 2010 Target	US †	ND 2000	ND 2004	ND Status
27-1a: Adult tobacco use – Cigarette smoking – reduce	Percentage of adults *	12%	22%	23%	20%	👍
27-1b: Adult tobacco use – Spit tobacco – reduce	Percentage of adults *	0.4%	2.3%	5.6% [01]	5.6% [01]	─

★ Target reached   👍 Moving toward target   👎 Moving away from target   ─ No change

27-2b: Adolescent tobacco use – Cigarettes (smoked on one or more of the past 30 days) – reduce	Percentage of students in grades nine through 12	16%	22%	35% [01]	22% [05]	👍
27-2c: Adolescent tobacco use – Spit tobacco – reduce	Percentage of students in grades nine through 12	1%	7%	13% [01]	11% [05]	👍
27-7: Smoking cessation by adolescents – increase	Percentage of students in grades nine through 12 who ever smoked every day for 30 days	84%	60%	58% [01]	65% [05]	👍

U.S. data is from DATA2010, an interactive database system developed by staff of the Division of Health Promotion Statistics at the National Center for Health Statistics that contains the most recent monitoring data for tracking Healthy People 2010.

∗ U.S. data is age adjusted while North Dakota data is not.

† The year data is available varies among objectives. (See Table 2)

[99 01 02 03 05] A superscript number following a value indicates the year when it differs from the column heading.

★ Target reached   👍 Moving toward target   👎 Moving away from target   – No change

Table 2

United States and North Dakota Data – Most Recent Year Available and State Data Source

3. Cancer	US	ND	State Data Source
3-1: Overall cancer deaths – reduce	2002	2004	Vital Records
3-2: Lung cancer deaths – reduce	2002	2004	Vital Records
3-3: Breast cancer deaths – reduce	2002	2004	Vital Records
3-4: Cervical cancer deaths – reduce	2002	2004	Vital Records
3-5: Colorectal cancer deaths – reduce	2002	2004	Vital Records
3-6: Oropharyngeal cancer deaths – reduce	2002	2004	Vital Records
3-7: Prostate cancer deaths – reduce	2002	2004	Vital Records
3-8: Melanoma deaths – reduce	2002	2004	Vital Records
3-11a: Pap tests – Ever received – increase	2000	2004	BRFSS
3-11b: Pap tests – Received within the preceding three years – increase	2000	2004	BRFSS
3-12a: Colorectal cancer screening – Fecal occult blood test – increase	2000	2004	BRFSS
3-12b: Colorectal cancer screening – Sigmoidoscopy – increase	2000	2004	BRFSS
3-13: Mammograms – increase	2000	2004	BRFSS
5. Diabetes	US	ND	State Data Source
5-1: Diabetes education – increase	1999	2003	BRFSS
5-2: New cases of diabetes – reduce	2001	2003	BRFSS
5-3: Overall cases of diagnosed diabetes – reduce	2002	2004	BRFSS
5-5: Diabetes deaths – reduce	2002	2004	Vital Records
5-6: Diabetes-related deaths – reduce	2002	2004	Vital Records
5-7: CVD deaths in persons with diabetes – reduce	2002	2004	Vital Records

5-12: Annual glycosylated hemoglobin measurement – increase	2002	2003	BRFSS
5-13: Annual dilated eye examinations – increase	1999	2003	BRFSS
5-14: Annual foot examinations – increase	2002	2003	BRFSS
5-17: Self-monitoring of blood glucose – increase	2002	2003	BRFSS
9. Family Planning	US	ND	State Data Source
9-1: Proportion of pregnancies that are intended – increase	1995	2002	NMS and PRAMS
9-2: Birth spacing within 24 months of a previous birth – reduce	2002	2004	Vital Records
9-7: Adolescent pregnancy – reduce	2000	2004	Vital Records
10. Food Safety	US	ND	State Data Source
10-1a: Reduce infections caused by key foodborne pathogens – Campylobacter species	2002	2004	CDC NETSS
10-1b: Reduce infections caused by key foodborne pathogens – Escherichia coli O157:H7	2002	2004	CDC NETSS
10-1d: Reduce infections caused by key foodborne pathogens – Salmonella species	2003	2004	CDC NETSS
12. Heart Disease and Stroke	US	ND	State Data Source
12-1: Coronary heart disease (CHD) deaths – reduce	2002	2004	Vital Records
12-7: Stroke deaths – reduce	2002	2004	Vital Records
12-9: High blood pressure – reduce	2000	2003	BRFSS
12-14: High blood cholesterol – reduce	2003	2003	BRFSS
12-15: Blood cholesterol screening within 5 years – increase	1998	2003	BRFSS
13. HIV	US	ND	State Data Source
13-1: New AIDS cases – reduce	1999	2003	ND HIV/AIDS
13-14: HIV-infection deaths – reduce	2002	2004	Vital Records

14. Immunization and Infectious Diseases	US	ND	State Data Source
14-1f: Mumps – reduce	2002	2004	CDC NETSS
14-1g: Pertussis – reduce	2002	2004	CDC NETSS
14-2: Hepatitis B in infants and young children – reduce	2000	2004	CDC NETSS
14-3a: Hepatitis B in adults age 19 to 24 – reduce	2001	2003	CDC NETSS
14-3b: Hepatitis B in adults age 25 to 39 – reduce	2001	2003	CDC NETSS
14-3c: Hepatitis B in adults age 40 and older – reduce	2001	2003	CDC NETSS
14-5a: New invasive pneumococcal infections – Children younger than 5 – reduce	2001	2003	CDC NETSS
14-5b: New invasive pneumococcal infections – Adults age 65 and older – reduce	2001	2003	CDC NETSS
14-5c: Invasive penicillin-resistant pneumococcal infections – younger than 5 – reduce	2001	2003	CDC NETSS
14-5d: Invasive penicillin-resistant pneumococcal infections – age 65 and older – reduce	2001	2003	CDC NETSS
14-6: Hepatitis A – reduce	2001	2003	CDC NETSS
14-7: Meningococcal disease – reduce	2001	2003	CDC NETSS
14-8: Lyme disease – reduce	2001	2003	CDC NETSS
14-9: Hepatitis C – reduce	2001	2003	CDC NETSS
14-11: Tuberculosis – reduce	2001	2003	ND TBP
14-16: Invasive early onset group B streptococcal disease – reduce	2001	2003	CDC NETSS
14-22a: 4 doses diphtheria-tetanus-pertussis (DTaP) – Children age 19 to 35 months – increase	2002	2004	NIS
14-22b: 3 doses Haemophilus influenzae type b (Hib) – Children age 19 to 35 months – increase	2002	2004	NIS
14-22c: 3 doses hepatitis B (hep B) vaccine – Children age 19 to 35 months – increase	2002	2004	NIS

14-22d: One dose measles-mumps-rubella (MMR) vaccine - Children age 19 to 35 months - increase	2002	2004	NIS
14-22e: Three doses polio vaccine - Children age 19 to 35 months - increase	2002	2004	NIS
14-22f: One dose varicella vaccine - Children age 19 to 35 months - increase	2002	2004	NIS
14-23f: Diphtheria-tetanus-pertussis (DTaP) vaccine - K through first grade - increase	2001	2003	ND IP
14-23g: Measles/mumps/rubella vaccines - K through first grade - increase	2001	2003	ND IP
14-23h: Polio vaccine - K through first grade - increase	2001	2003	ND IP
14-23i: Hepatitis B vaccine - K through first grade - increase	NA	2003	ND IP
14-24a: Fully immunized children and adolescents - Age 19 to 35 months - increase	2002	2004	NIS
14-27b: Measles-mumps-rubella - Adolescents - increase	2002	2003	ND IP
14-27c: Tetanus-diphtheria booster - Adolescents - increase	2002	2003	ND IP
14-29a: Influenza vaccine - Adults age 65 and older - increase	2002	2004	BRFSS
14-29b: Pneumococcal vaccine - Adults age 65 years and older - increase	2002	2004	BRFSS
15. Injury and Violence Prevention	**US**	**ND**	**State Data Source**
15-13: Deaths from unintentional injuries - reduce	2002	2004	Vital Records
15-32: Homicide - reduce	2002	2004	Vital Records
15-38: Physical fighting among adolescents - reduce	2003	2003	YRBS
15-39: Weapon carrying by adolescents on school property - reduce	2003	2005	YRBS
16. Maternal, Infant and Child Health	**US**	**ND**	**State Data Source**
16-1a: Fetal deaths at 20 or more weeks of gestation - reduce	2002	2004	Vital Records

16-1b: Perinatal deaths – reduce	2002	2004	Vital Records
16-1c: Infant deaths – reduce	2002	2004	Vital Records
16-1d: Neonatal deaths – reduce	2002	2004	Vital Records
16-1e: Postneonatal deaths – reduce	2002	2004	Vital Records
16-1f: All birth defects – reduce	2002	2004	Vital Records
16-1g: Congenital heart defects – reduce	2002	2004	Vital Records
16-1h: SIDS deaths – reduce	2002	2004	Vital Records
16-2a: Child deaths age 1 to 4 – reduce	2002	2004	Vital Records
16-2b: Child deaths age 5 to 9 – reduce	2002	2004	Vital Records
16-3a: Adolescent deaths age 10 to 14 – reduce	2002	2004	Vital Records
16-3b: Adolescent deaths age 15 to 19 – reduce	2002	2004	Vital Records
16-3c: Young adult deaths age 20 to 24 – reduce	2002	2004	Vital Records
16-4: Maternal deaths – reduce	2002	2004	Vital Records
16-6a: Prenatal care first trimester – increase	2002	2004	Vital Records
16-6b: Prenatal care early and adequate – increase	2002	2004	Vital Records
16-9a: Cesarean births – First-time births – reduce	2002	2004	Vital Records
16-9b: Cesarean births – Prior cesarean deliveries – reduce	2002	2004	Vital Records
16-10a: Low birth weight – reduce	2002	2004	Vital Records
16-10b: Very low birth weight – reduce	2002	2004	Vital Records
16-11a: Total preterm births – reduce	2002	2004	Vital Records
16-11b: Preterm births – 32 to 36 weeks gestation – reduce	2002	2004	Vital Records
16-11c: Preterm births – Less than 32 weeks gestation – reduce	2002	2004	Vital Records
16-16a: Folic acid consumption – increase	1991-94	2004	BRFSS
16-17c: Increase abstinence from prenatal substance exposure – Cigarette smoking	2002	2004	Vital Records
16-19a: Breastfeeding – Early postpartum – increase	2002	2004	Vital Records

18. Mental Health and Mental Disorders	US	ND	State Data Source
18-1: Suicide – reduce	2002	2004	Vital Records
18-2: Adolescent suicide attempts – reduce	2003	2005	YRBS
19. Nutrition and Overweight	US	ND	State Data Source
19-1: Healthy weight in adults– increase	2000	2004	BRFSS
19-2: Obesity in adults – reduce	2000	2004	BRFSS
22. Physical Activity and Fitness	US	ND	State Data Source
22-1: No leisure-time physical activity – reduce	2002	2004	BRFSS
22-2: Moderate physical activity– increase	2002	2003	BRFSS
22-3: Vigorous physical activity– increase	2002	2003	BRFSS
22-6: Moderate physical activity in adolescents– increase	2003	2005	YRBS
22-7: Vigorous physical activity in adolescents– increase	2003	2005	YRBS
22-9: Daily physical education in schools– increase	2003	2005	YRBS
22-10: Physical activity in physical education class– increase	2003	2005	YRBS
22-11: Television viewing – two or fewer hours on a school day– increase	2003	2005	YRBS
24. Respiratory Diseases	US	ND	State Data Source
24-1c: Deaths from asthma – Adolescents and adults age 15 to 34 – reduce	2002	2004	Vital Records
24-1d: Deaths from asthma – Adults age 35 to 64 – reduce	2002	2004	Vital Records
24-1e: Deaths from asthma – Adults age 65 and older – reduce	2002	2004	Vital Records
24-10: Deaths from COPD – Adults age 45 and older – reduce	2002	2004	Vital Records

25. Sexually Transmitted Diseases	US	ND	State Data Source
25-2: Gonorrhea – reduce	2002	2004	ND STDP
25-3: Primary and secondary syphilis – reduce	2002	2004	ND STDP
25-11: Responsible adolescent sexual behavior– increase	2003	2005	YRBS
26. Substance Abuse	US	ND	State Data Source
26-2: Cirrhosis deaths – reduce	2002	2004	Vital Records
26-3: Drug-induced deaths – reduce	2002	2004	Vital Records
26-6: Adolescents riding with a driver who has been drinking – reduce	2003	2005	YRBS
26-11a: High school seniors binge drinking – reduce	2003	2005	YRBS
26-11c: Adult binge drinking – reduce	1998	2004	BRFSS
27. Tobacco Use	US	ND	State Data Source
27-1a: Adult tobacco use – Cigarette smoking – reduce	2002	2004	BRFSS
27-1b: Adult tobacco use – Spit tobacco – reduce	2000	2001	BRFSS
27-2b: Adolescent tobacco use – Cigarettes – reduce	2003	2005	YRBS
27-2c: Adolescent tobacco use – Spit tobacco – reduce	2003	2005	YRBS
27-7: Smoking cessation by adolescents– increase	2003	2005	YRBS

Acronyms

BRFSS – Behavioral Risk Factor Surveillance System

YRBS – Youth Risk Behavior Survey

CDC NETSS – Centers for Disease Control and Prevention, National Electronic Telecommunications System for Surveillance

NIS – National Immunization Survey

ND IP – North Dakota Immunization Program

ND STDP – North Dakota Sexually Transmitted Disease Program

ND HIV/AIDS – North Dakota HIV/AIDS Program

ND TBP – North Dakota Tuberculosis Program

NMS – New Mother's Survey

PRAMS – Pregnancy Risk Assessment Monitoring System